



HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>

Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name <u>Lone Wenat Møgeltoft</u>
Cat's registered name <u>DK Aloa's Bemis</u>		
Registration number <u>FD Lo 177928</u>		
ID number, microchip or tattoo <u>208213990045443</u>		
Breed of cat <u>maine COON</u>		Country <u>Denmark</u>
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) <u>+45 39623919</u>
Born (year-month-day) <u>29-10-2009</u>		Email <u>aloe@aloe.dk</u>
Sire <u>(N) Tojo Polaris Jim Morris</u>		I have read PawPeds' instructions for HCM screening and are aware that I must inform the examiner about my cat's health status and if it is on medication. I am aware that the results will be retained for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature <u>[Signature]</u> Date <u>22/3-2011</u>
Dam <u>CH. DK Aloa's Tullmoon Cloe</u>		
Examination		Examination date (year-month-day) <u>2011-3-22</u>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <u>Vivid 7</u>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>7.55</u> kg Heart rate <u>160</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
IVSd <u>4.6</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>8.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>9.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>8.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>42%</u> Ao <u>10</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>11</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.1</u>	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
Assessment (based on phenotype)		Comments <u>PLCB - negative</u>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> RCM <input type="checkbox"/> Other, describe		
Veterinarian		Veterinarian's name, clinic's name and address <u>Jørgen Koch, LIFE, KU, DK</u>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature <u>[Signature]</u> Date <u>22/3/11</u>		
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden		