



# 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

<b>Patient Information</b>		Owner's name <i>Lone Wendt Mogeltoft</i>
Cat's registered name <i>DK Aloa's Wilma</i>		
Registration number <i>FD LO 173565</i>		
ID number, microchip or tattoo <i>208213990032485</i>		Country <i>Denmark</i>
Breed of cat <i>maine COON</i>		Phone (including country code) <i>+45 39623919</i>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>aloe@aloe.dk</i>
Born (year-month-day) <i>17-9-2008</i>		I have read PawPeds' instructions for HCM screening and are aware that I must inform the examiner about my cats 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. <b>Signature</b> <i>Lone Wendt Mogeltoft</i> <b>Date</b> <i>22/3-2011</i>
Sire <i>DK Mountaineer's Beach Boy</i>		
Dam <i>DK Mountaineer's Jezebel</i>		
<b>Examination</b>		Examination date (year-month-day) <i>2011-3-22</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Vivid 7</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>5.66</i> kg Heart rate <i>180</i> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input checked="" 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 <i>4.0</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>18.1</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>4.0</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>5.7</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>12.4</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>5.4</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>35%</i> Ao <i>9.5</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>9.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVAo <i>7</i>	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	
<b>Assessment (based on phenotype)</b> <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		Comments <i>plab-negative</i>
<b>Veterinarian</b>		
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address <i>Jørgen Koch, LIFE, KU,DK</i>
Signature <i>[Signature]</i> Date <i>22/3/11</i>		
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 BÖRLÄNGE, Sweden		