

HCM/RCM screening within health programme

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

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

Patient Information		Owner's name Eva Ewald	
Cat's registered name Tamina v. Tim-Est		Address Hunsrückstr. 39	
Registration number NL.FE.L08.NFO.095.1		Post code/City/State D-41352 Korschenbroich	
ID number, microchip or tattoo 27609810267-0910		Country Germany	
Breed of cat Norwegian Forest Cat		Phone (including country code) 0049/2161/673504	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email nfo@vontimest.de	
Born (year-month-day) 2008-09-07		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 _____ Date 27.07.2012	
Sire Wiedzmin Karodok			
Dam Lara von Tim-Est			
Examination		Examination date (year-month-day) 27.07.12	
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment de 680	
Weight 6.5 kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	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 trac: 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	
Heart rate 160 bpm	<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		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe			
IVSd 3.4 <input type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 20.5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 2.5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 14.8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 8.1 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 42 Ao 11.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 14.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.09			
Assessment (based on phenotype)			
<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 Dr. J. K. ... Fachambulanz für K... (Kardiologie)	
Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature _____ Date 27.07.12			
For registration of the result, the veterinarian shall send a copy of this form to: Martine Roberta, 3 Rue Jacques Prévert, Verneuil sur Seine, FR-78480, France			