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: Eva Ewald

Cat's registered name: Samantha v.Tim-Est

Address: Hunsrückstr. 39

Registration number: NL.FE.L08.NFO.094.4

Post code/City/State: D-41352 Korschenbroich

ID number, microchip or tattoo: 276098102606711DEU

Country: Germany

Breed of cat: Norwegian Forest cat

Phone (including country code): 0049 2161 673504

☐ Male ☐ Not altered
☒ Female ☐ Altered

Email: nfo@vontimest.de

Born (year-month-day): 2008-09-04

Sire: Paulchen v.Tim-Est

Dam: Sterrekatten's Nighty Noir

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.

Signature **Date**

Examination

Examination date (year-month-day):

Sedated: ☐ Yes, with: ☐ No

Examination equipment:

On medication: ☐ Yes, with: ☐ No

Weight _____ kg

Heart rate _____ bpm

☐ Dehydrated ☐ Pregnant
☐ Lactating ☐ Other, describe

Auscultation:
☐ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	_____	☐ cm ☐ mm	☐ M-mode ☐ 2-D
LVIDd	_____		☐ M-mode ☐ 2-D
LVFWd	_____		☐ M-mode ☐ 2-D
IVSs	_____		☐ M-mode ☐ 2-D
LVIDs	_____		☐ M-mode ☐ 2-D
LVFWs	_____		☐ M-mode ☐ 2-D
SF	_____		
Ao	_____		☐ M-mode ☐ 2-D
LA	_____		☐ M-mode ☐ 2-D
LA/Ao	_____		

Subjective left atrial size
☐ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☐ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☐ no

Papillary muscles
☐ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☐ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments

Veterinarian

PawPeds' examination instructions has been followed
Cat's identity verified ☐ yes ☐ no, describe why not

Signature **Date**

Veterinarian's name, clinic's name and address

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden