




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 Plewka Arite
Cat's registered name Funny Foot Print's Lennox Lee		Address Westfälische Str.66
Registration number 1714-010711-0272 ICW		Post code/City/State 10709 Berlin
ID number, microchip or tattoo 276098102941775		Country Germany
Breed of cat Maine Coon		Phone (including country code) +49 30 83220286
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email cattery.everlong@gmail.com
Born (year-month-day) 01.07.2011		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 <i>[Signature]</i> Date 2012-09-11
Sire Wellington Medium Color		
Dam Jessica Jurassic Park		
Examination		Examination date (year-month-day) 2012-09-11
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment GE vivid I 7 MHz probe
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>7,4</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>152</u> 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 <u>0,42</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement	
LVIDd <u>2,12</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVPWd <u>0,49</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
IVSs <u>0,60</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDs <u>1,41</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVPWs <u>0,62</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>0,34</u>		
Ao <u>1,32</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>1,45</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1,13</u>		
Assessment (based on phenotype)	Comments <i>recheck with an age of 2 1/2 yrs. recommended.</i>	
<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	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not	 KLEINTIER SPEZIALISTEN ÜBERWEISUNGSZENTRUM Wittestraße 30P 13509 Berlin T: 030 43 66 22 00 F: 030 43 66 22 02	
Signature <i>[Signature]</i> Date 09-11-12		
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 BÖRLÄNGE, Sweden		