




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 Arite Plewka
Cat's registered name Kajaphi's Bonita		Address Westfälische Strasse 66
Registration number (D)DEKZV LO 351193		Post code/City/State 10709 Berlin
ID number, microchip or tattoo 276097200941277		Country Germany
Breed of cat Maine Coon		Phone (including country code)
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email
Born (year-month-day) 2010-11-06		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 2012-03-21
Sire CoolMotion I.C.Q.		
Dam Blue Forest Pearl		
Examination		Examination date (year-month-day) 2012-03-21
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>5,4</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>172</u> bpm	<input type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
IVSd <u>0,38</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>1,62</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>0,39</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		If yes, LV outflow tract flow velocity (Doppler) _____
IVSs <u>0,63</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>0,93</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>0,63</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>0,42</u>		
Ao <u>1,06</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>1,28</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1,20</u>		
Assessment (based on phenotype)		Comments Recheck with an age of 3 years recommended.
<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		 KARDIOLOGISCHE TIERARZTPRAXIS Dr. med. vet. Robert Höpfer Große Seestraße 121 - 13086 Berlin T: 030 912 053 15 · F: 030 912 053 16
Signature _____ Date 2012-03-21		
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		