






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 FALLER CHANTAL
Cat's registered name FLORADORA DES BORDS DU RHIN		Address 49 QUAI DES ALPES
Registration number LOOF 2010 12140		Post code/City/State 67000 STRASBOURG
ID number, microchip or tattoo 250269604040712		Country FRANCE
Breed of cat NORWEGIAN FOREST CAT		Phone (including country code) 33620978433
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email chantal2706@hotmail.fr
Born (year-month-day) 2010/06/08		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 08/03/11
Sire STARKAR'S BOLLE BOB		
Dam YELLA VOM ARLESBRUNNEN		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 17/03/08
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment MINDREY DC8
Weight <u>5.8</u> 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 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
Heart rate <u>187</u> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous	
IVSd <u>3.8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
LVIDd <u>14.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVPWd <u>4.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
IVSs <u>7.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVIDs <u>5.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVPWs <u>8.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>58%</u>		
Ao <u>7.9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>9.9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1.3</u>		
Assessment (based on phenotype)		Comments
<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 TIERGESUNDHEITZENTRUM OBERE HARD  Dr. med. vet. Andreas Kirsch Fachpraxis für Innere Medizin & Kardiologie Oberer Hardweg 16, 75181 Huchenfeld Tel.: 07231 / 21096
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature  Date 17/03/08		
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		

