



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 Charmillot Jessica
Cat's registered name TRYCOLINE'S ROCK N' KYSS		Address Voisinage 13
Registration number LOS 21-46564		Post code/City/State 2316
ID number, microchip or tattoo 756 098 800 010 584		Country Suisse
Breed of cat Ragdoll		Phone (including country code) 0329391412
<input type="radio"/> Male <input type="radio"/> Not altered <input checked="" type="radio"/> Female <input type="radio"/> Altered		Email Info@trycolines.com
Born (year-month-day) 20 mai 2020		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 24/8/21
Sire NANOOK DES GRIVES AU LOUP		
Dam DAVALLYA MILKY LAND * PL		
Examination		Examination date (year-month-day) 2021-8-21
Sedated <input type="radio"/> Yes, with: _____ <input checked="" type="radio"/> No		Examination equipment Mid I
On medication <input type="radio"/> Yes, with: _____ <input checked="" type="radio"/> No		
Weight 4.880 kg BCS 4/9 Heart rate 160 bpm <input type="checkbox"/> Dehydrated <input checked="" type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <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 _____	
ECG Heart Frequency _____ IVSd 4.1 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 16.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 3.98 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 9.8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.5 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 411 Ao 9.4 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 11.95 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.27	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	
Assessment (based on phenotype)		Comments - Normal exam Recheck in 1 year - maybe early pregnant
<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 _____		
PawPeds' examination instructions has been followed Cat's identity verified <input type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____		Veterinarian's name, clinic's name and address Joseph Dandrieux Cardio Vet Focus +41 78 401 25 71 jodandrieux@cardiovetfocus.ch Recheck in 1 year Cardiovetfocus
Veterinary's signature _____ Date 24/8/21		
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden		