





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
Cat's registered name Druzylla Mysuko of Pussycatdolls		Charmillot Jessica
Registration number (FR)FFF LO		Address Voisinage 13
ID number, microchip or tattoo 756 098 800 008 158		Post code/City/State 2316
Breed of cat Ragdoll		Country Suisse
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) 0329391412
Born (year-month-day) 04/02/2020		Email Info@trycolines.com
Sire Tyrone Supurrsonic		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 09.02.21
Dam Cléo de Nile of Pussycatdoll's		
Examination		Examination date (year-month-day) 2021-02-09
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment used to
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight 4.820 kg BCS 5/9 Heart rate 140 bpm <input type="checkbox"/> Dehydrated <input 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 4.22 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 16.6 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 7.2 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 7.06 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 46.1 Ao 16.04 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 11.6 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.15		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) <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		Comments Recheck in 12 months
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Veterinary's signature  Date 9/2/21		Veterinarian's name, clinic's name and address Dr. Josephine Dandrieux Cardio Vet Focus +41 78 401 25 71 jodandrieux@cardiovetfocus.ch

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 BORLÄNGE, Sweden