





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

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| Patient Information | | Owner's name CHARTILLOT JESSICA |
| Cat's registered name SYLLIA D'ORIGINALCATS | | Address VOISINAGE 13 |
| Registration number (FR) FFFRX 5411 | | Post code/City/State 2316 LES PONTS-DE-MARTEL |
| ID number, microchip or tattoo 250 269 610 108 233 | | Country SUISSE |
| Breed of cat RAGDOLL | | Phone (including country code) 0041 32 9391412 |
| <input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered | | Email INFO@TRYCOLINES.COM |
| Born (year-month-day) 28.07.2021 | | I have read PawPeds' instructions for HCM screening. I am 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 by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form. Signature  Date 04.10.2022 |
| Sire CH-WABI-SABI LOKI | | |
| Dam CH-PRINCESSE D'ORIGINALCATS | | |
| Examination | | |
| Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination date (year-month-day) 2022-10-04 |
| On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination equipment Vid IO |
| Weight 3.2 kg BCS 4/9 Heart rate 160 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 <input checked="" type="checkbox"/> IVSd 3.27 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 16.9 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 3.44 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 4.57 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 11.57 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 4.77 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 31% Ao 8.8 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 12.56 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.43 | 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) <input checked="" type="checkbox"/> 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 12 months |
| <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 checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature  Date 10/4/2022 | | Veterinarian's name, clinic's name and address Josephine Dandrieux Dr. Josephine Dandrieux +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 BÖRLÄNGE, Sweden | | |