



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 SHILOH LOVE DU CHATELAW ROSE*CH		Address VOISINAGE 13
Registration number (FR) FFF 10 5388		Post code/City/State 2316 LES PONTS-DE-MARTEL
ID number, microchip or tattoo 756 098 502 043 574		Country SUISSE
Breed of cat RAGDOLL		Phone (including country code) 0041 32 9391412
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email INFO@TRYCOLINES.COM
Born (year-month-day) 25 mai 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 BLUE DOLLS LOVE		
Dam OMAWA OF BLUE DIAMOND		
Examination		Examination date (year-month-day) 2022-10-04
Sedated <input type="checkbox"/> Yes, with: _____ <input type="checkbox"/> No		Examination equipment wind I 0
On medication <input type="checkbox"/> Yes, with: _____ <input type="checkbox"/> No		
Weight 5.4 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 <input checked="" type="checkbox"/> IVSd 3.9 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 15.65 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 3.36 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.76 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 9.7 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 38% Ao 9.6 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 12.5 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.4		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 auscultation difficult - purrs
<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 _____		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, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden