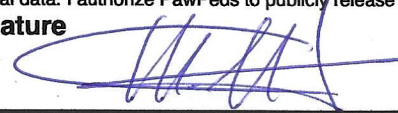






# HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>

Visit <http://www.pawpeds.com/healthprogrammes/> for more information

<b>Patient Information</b>		Owner's name CHARMILLOT JESSICA
Cat's registered name Trycoline's Smallville Lois Lane Chouquette		Address VOISINAGE 13
Registration number (FR) FFF LO 5244		Post code/City/State 2316 LES PONTS-DE-MARTEL
ID number, microchip or tattoo 756 098 502 047 724		Country SUISSE
Breed of cat RAGDOLL		Phone (including country code) 0041329391412
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email INFO@TRYCOLINES.COM
Born (year-month-day) 04/06/2021		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. <b>Signature</b>  <b>Date</b> 11/7/2023
Sire Bine-Dolls Xurys Lovely Surprise		
Dam Trycoline's Rock N'Kyss		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2023-11-07
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment vivid IO
Weight <u>3.75</u> kg BCS <u>4.5/9</u> Heart rate <u>160</u> 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	<i>— but difficult — pulse at</i>
ECG Heart Frequency <u>    </u> IVSd <u>3.3</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>17.7</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.5</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>10.05</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>5.8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>43%</u> Ao <u>10.25</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>12.9</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.26</u>	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) <u>    </u> 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	
<b>Assessment (based on phenotype)</b> <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 <i>Normal exam. Quite difficult cat → try with gabapentin next time. Recheck in 12 months</i>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address
Veterinary's signature  Date 11/7/2023		<i>Josephine</i> <b>AniCura</b> CABINET VÉTÉRINAIRE LAUSANNE - SUISSE 

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