



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			Address		
Registration number			Post code/City/State		
ID number, microchip or tattoo			Country		
Breed of cat			Phone (including country code)		
Male Not altered Female Altered			Email		
Born (year-month-day)			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.		
Sire					
Dam					
<div style="display: flex; justify-content: space-between;"> Signature Date </div>					
Examination			Examination date (year-month-day)		
Sedated Yes, with: _____ No			Examination equipment		
On medication Yes, with: _____ No					
Weight _____ kg BCS _____ Heart rate _____ bpm Dehydrated Pregnant Lactating Other, describe	Auscultation: Normal Gallop Murmur, characteristics Grade: I II III IV V VI Dynamic Static Timing: Systolic Diastolic Both Continuous Location: Left apex (sternum) Left Base Other, describe				
ECG Heart Frequency _____ IVSd _____ cm mm M-mode 2-D LVIDd _____ M-mode 2-D LVFWd _____ M-mode 2-D IVSs _____ M-mode 2-D LVIDs _____ M-mode 2-D LVFWs _____ M-mode 2-D SF _____ Ao _____ M-mode 2-D LA _____ M-mode 2-D LA/Ao _____			Subjective left atrial size Normal Mild enlargement Moderate enlargement Severe enlargement Systolic anterior motion of the mitral valve yes no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration yes no Papillary muscles Normal Abnormal, moderate enlargement Abnormal, severe enlargement		
Assessment (based on phenotype)			Comments		
Normal Equivocal HCM Mild Moderate Severe RCM Other, describe					
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not					
Veterinary's signature _____ Date _____			Veterinarian's name, clinic's name and address		

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