



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 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	
Sire			
Dam			
Examination		Examination date (year-month-day)	
Sedated Yes, with: _____ No		Examination equipment	
On medication Yes, with: _____ No			
Weight _____ kg 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		
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			
Veterinarian		Veterinarian's name, clinic's name and address	
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not Signature Date			

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