



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 Michaela Sirberg
Cat's registered name S*Tigerstjárnans Roger Dubuis		Address Ulvåsavägen 2A
Registration number (SE)SVERAK LO 362661		Post code/City/State 582 47 Linköping
ID number, microchip or tattoo 752098100935362		Country Sweden
Breed of cat Ragdoll		Phone (including country code) +46705832226
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email michaela.sirberg@gmail.com
Born (year-month-day) 2019-03-27		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 <i>Michaela Sirberg</i> Date 20200325
Sire S*Grand Gathinoz Go4it Gizmo TnC		
Dam S*Tigerstjárnans Joyride		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 20200325
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment PHILIP CX50
Weight <u>5.6</u> kg BCS <u>6</u>	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate <u>187</u> bpm	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
ECG Heart Frequency _____	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement	
IVSd <u>4.0</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDd <u>16.6</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
LVPFWd <u>7.9</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
IVSs <u>5.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVIDs <u>8.8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVPFWs <u>7.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>42.0</u>		
Ao <u>9.3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>10.6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1.1</u>		
Assessment (based on phenotype)	Comments	
<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	Veterinarian's name, clinic's name and address	
Veterinary's signature <i>[Signature]</i> Date 20200325	LENNART NILSFORS Leg. veterinär Tfn 0709-79 88 61	
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		