



# 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					
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	Email						
Female	Altered							
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.					
Sire							<b>Signature</b>	<b>Date</b>
Dam								
<b>Examination</b>							Examination date (year-month-day)	
Sedated			Examination equipment					
Yes, with: <span style="float: right;">No</span>								
On medication								
Yes, with: <span style="float: right;">No</span>								
Weight _____ kg    BCS _____ Heart rate _____ bpm Dehydrated          Pregnant Lactating            Other, describe			<b>Auscultation:</b> 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 _____			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					
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	_____							
<b>Assessment (based on phenotype)</b>			Comments					
Normal      Equivocal								
HCM      Mild      Moderate      Severe								
RCM								
Other, describe								
PawPeds' examination instructions has been followed			Veterinarian's name, clinic's name and address					
Cat's identity verified    yes    no, describe why not								
<b>Veterinary's signature</b>							<b>Date</b>	

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