



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 Andreas Müller	
Cat's registered name Silvertrace Basia		Address Am Brunnen 9	
Registration number SBT 032120 102		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 941000023074552		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2020-03-21		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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 Batifleurs Marvel		Signature <i>[Signature]</i>	
Dam Brownsugar Be Cinderella		Date 13.11.2021	
Examination			
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 28/11/21	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Ultrasound	
Weight 3.7 kg BCS 5 Heart rate 160 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	
ECG Heart Frequency 160 IVSd 4.9 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 1.5 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.6 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 9.1 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.2 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 39 Ao 8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 10 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.18		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) _____ 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	
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 Veterinary's signature <i>[Signature]</i> Date 28/11/21		Veterinarian's name, clinic's name and address Kilich	
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			



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Patient Information		Owner's name Andreas Müller	
Cat's registered name Nauri Vom Weinberg Of Silvertrace		Address Am Brunnen 9	
Registration number SBT 030319 100		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 953000010322728		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2019-03-03		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  Date 13.11.2021	
Sire CH Traipse Hail Of Silvertrace			
Dam Miley Vom Weinberg			
Examination		Examination date (year-month-day) 28/11/21	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Uvid i	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight 4.35 kg BCS 5 Heart rate 160 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	
ECG Heart Frequency 160 IVSd 4.3 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 14.4 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.0 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 8.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.1 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 42 Ao 8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA M <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.27		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) _____ 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	
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 Veterinary's signature  Date 22/11/21		Veterinarian's name, clinic's name and address Uvid i	
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			



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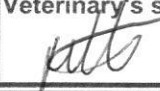
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Patient Information		Owner's name Andreas Müller
Cat's registered name Thar Revolution Rock of Silvertrace		Address Am Brunnen 9
Registration number SBT 021021 124		Post code/City/State 96484 Meeder
ID number, microchip or tattoo 752096700137817		Country Germany
Breed of cat Bengal		Phone (including country code) +49 9566 807820
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de
Born (year-month-day) 2021-02-10		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 _____ Date 13.11.2021
Sire Thar Nanuk		
Dam Thar Xena		
Examination		Examination date (year-month-day) 21/11/21
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Ultrasound
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight 4.85 kg BCS 5 Heart rate 160 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 _____	
ECG Heart Frequency 190 IVSd 5.0 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 13.6 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 5.0 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 7.1 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 7.5 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 7.1 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 45 Ao 9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 10 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.11	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 checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ 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	
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 _____ Veterinary's signature _____ Date 21/11/21		Veterinarian's name, clinic's name and address Kellied
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden		



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Patient Information		Owner's name Andreas Müller	
Cat's registered name Silvertrace Pika		Address Am Brunnen 9	
Registration number SBT 112520 081		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 941000023074536		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2020-11-25		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 Neleheia Intrepide		Signature 	
Dam Silvertrace Shadow Ofthe Moon		Date 13.11.2021	
Examination		Examination date (year-month-day) 21/11/21	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment ultra	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight 3.55 kg BCS 5 Heart rate 160 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	
ECG Heart Frequency 160 IVSd 9.7 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 11.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.5 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 5.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 50 Ao 9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 11 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.2		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) _____ 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	
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 Veterinary's signature  Date 21/11/21		Veterinarian's name, clinic's name and address Kittich	

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PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden



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Patient Information		Owner's name Andreas Müller	
Cat's registered name Solea Vom Weinberg/Id		Address Am Brunnen 9	
Registration number SBT 040419 085		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 953000010322859		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2019-04-04		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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 AL JANNA'S DON JUAN		Signature <i>Andreas Müller</i>	
Dam NORTHERNLIGHT MISS EWOK		Date 13.11.2021	
Examination		Examination date (year-month-day) 21/11/21	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Vioid i	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight 4.55 kg BCS 5 Heart rate 140 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	
ECG Heart Frequency 140 IVSd 9.2 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIdD 13 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.1 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIdS 8.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 36 Ao 9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 12 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.27		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) _____ 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	
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 Veterinary's signature <i>[Signature]</i> Date 21/11/21		Veterinarian's name, clinic's name and address <i>Wittich</i>	

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden



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Patient Information		Owner's name
Cat's registered name Spice Icloud		Address Am Brunnen 9
Registration number SBT 063017 106		Post code/City/State 96484 Meeder
ID number, microchip or tattoo 756093900057260		Country Germany
Breed of cat Bengal		Phone (including country code) +49 9566 807820
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de
Born (year-month-day) 2017-06-30		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  Date 13.11.2024
Sire IW SGC Spice Basil		
Dam Spice Silver Cloud		
Examination		Examination date (year-month-day) 21/11/23
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Vivid i
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight 4.15 kg BCS 5 Heart rate 160 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur, characteristics Grade: II III IV V VI <input checked="" type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input checked="" type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe
ECG Heart Frequency 160 IVSd 4.5 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIdD 16.2 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.6 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIdS 10.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 33 Ao 12 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 15 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.26		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) _____ 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
Assessment (based on phenotype) <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 DRUOTO vmax: 2.2 m/s
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature  Date 21/11/23		Veterinarian's name, clinic's name and address Kellid
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden		



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Patient Information		Owner's name Andreas Müller	
Cat's registered name Silvertrace Uraya		Address Am Brunnen 9	
Registration number SBT 070717 026		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 945000001930672		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2017-07-07		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 Batifleurs Marvel		Signature _____ Date 13.11.2021	
Dam Silvertrace Lolita		Examination date (year-month-day) 21/11/21	
Examination		Examination equipment vidio i	
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No	
Weight 3.8 kg BCS 5 Heart rate 140 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 _____	
ECG Heart Frequency 140 IVSd 4.5 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd 15.1 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd 4.4 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs 5.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 8.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 41 Ao 9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 10 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.07		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) _____ 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	
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 _____ Veterinary's signature _____ Date 11/13/21		Veterinarian's name, clinic's name and address _____ Kellrich	

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden



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 Andreas Müller	
Cat's registered name Traipse Hail Of Silvertrace		Address Am Brunnen 9	
Registration number SBT 091416 019		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 991001000395120		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2016-09-14		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 _____ Date 13.11.2021	
Sire RW SGC Traipse Mondo Macadamia			
Dam Traipse Obsidian Pele			
Examination		Examination date (year-month-day) 21/11/13	
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment stetho	
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No			
Weight 4.4 kg BCS 5 Heart rate 200 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 _____	
ECG Heart Frequency 200 180 IVSd 5.2 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 16 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 5.6 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.1 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 9.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 39 Ao 10 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 13 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.29		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) _____ 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	
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 _____ Veterinary's signature _____ Date 21/11/13		Veterinarian's name, clinic's name and address Killich	

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



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Patient Information		Owner's name Andreas Müller	
Cat's registered name Silvertrace Smoke		Address Am Brunnen 9	
Registration number SBT 032120 122		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 941000023074395		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2020-03-21		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 Batifleurs Marvel		Signature 	
Dam Brownsugar Be Cinderella		Date 13.11.2021	
Examination		Examination date (year-month-day) 21/11/21	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment ultradi	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight 4.7 kg BCS 5 Heart rate 200 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: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> 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	
ECG Heart Frequency 200 IVSd 5.1 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 17.4 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 5.2 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.5 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 9.4 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.6 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 46 Ao 11 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 14 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.1		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) _____ 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	
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 Veterinary's signature  Date 21/11/21		Veterinarian's name, clinic's name and address  Kellich	
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			



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Patient Information		Owner's name Andreas Müller	
Cat's registered name Batifleurs Marvel		Address Am Brunnen 9	
Registration number SBT 061015 016		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 528257000014979		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2015-06-10		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 _____ Date 13.11.2021	
Sire RW OS SGC Batifleurs Matu Of Lilibetwild			
Dam RW OD QGC Orchidhouse Juliet Capulet			
Examination		Examination date (year-month-day) 23/11/13	
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment ultrasonic	
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No			
Weight 5.5 kg BCS 5 Heart rate 180 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 _____	
ECG Heart Frequency 180 IVSd 4.6 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 15.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 9.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 39 Ao 10 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 13 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.28		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) _____ 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	
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 _____ Veterinary's signature _____ Date 23/11/13		Veterinarian's name, clinic's name and address Kellied	
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			



HCM/RCM screening within health programme

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Patient Information		Owner's name Andreas Müller	
Cat's registered name Browsugar Be Cinderella		Address Am Brunnen 9	
Registration number SBT 021417 072		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 380260100668961		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2017-02-14		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 Date  13.11.2021	
Sire GRC Brownsugar Garnet			
Dam RW QGC Brownsugar Spicy			
Examination		Examination date (year-month-day) 20/11/21	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment ultra:	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight 3.45 kg BCS — Heart rate 140 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	
ECG Heart Frequency 140 IVSd 4.3 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd 15.2 LVFWd 4.5 IVSs 6.2 LVIDs 9.3 LVFWs 6.0 SF 39 Ao M LA 14 LA/Ao 1.3		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) _____ 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	
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 Veterinary's signature Date  20/11/21		Veterinarian's name, clinic's name and address Kellich	
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden			



HCM/RCM screening within health programme

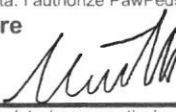

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Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Andreas Müller	
Cat's registered name Batifleurs Namira Of Silvertrace		Address Am Brunnen 9	
Registration number SBT 022819 050		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 528257000089069		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2019-02-28		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 _____ Date 13.11.2021	
Sire IW BW SGC Batifleurs Kibo			
Dam Batifleurs Nala			
Examination		Examination date (year-month-day) 21/11/21	
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment ultrasonic	
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No			
Weight 4.35 kg BCS 5 Heart rate 140 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 _____	
ECG Heart Frequency 140 IVSd 4.8 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 15.1 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.4 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 9.6 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 36 Ao 11 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 13 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.14		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) _____ 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	
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 _____ Veterinary's signature _____ Date 21/11/21		Veterinarian's name, clinic's name and address Kellich	
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			



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

Patient Information		Owner's name Andreas Müller	
Cat's registered name Silvertrace Mira		Address Am Brunnen 9	
Registration number SBT 111120 123		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 941000023074629		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2020-11-11		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  Date 13.11.2021	
Sire Silvertrace Salt Pepper			
Dam Silvertrace Jolie			
Examination		Examination date (year-month-day) 27.11.13	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment ultradi	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight 3.25 kg BCS 5 Heart rate 160 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	
ECG Heart Frequency 160 IVSd 4.2 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 13 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 9.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 8.0 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.5 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 38 Ao 9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 10 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.08		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) _____ 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	
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 Veterinary's signature  Date 27.11.13		Veterinarian's name, clinic's name and address Kellid	
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			



HCM/RCM screening within health programme


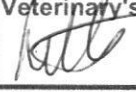
Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>
Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Andreas Müller
Cat's registered name Silvertrace Runa		Address Am Brunnen 9
Registration number SBT 021217 031		Post code/City/State 96484 Meeder
ID number, microchip or tattoo 945000005141652		Country Germany
Breed of cat Bengal		Phone (including country code) +49 9566 807820
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de
Born (year-month-day) 2017-02-12		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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  Date 13.11.2021
Sire Spotselotica Sterling Eyecatcher		
Dam Dana V Weissbachsgrund/Fi		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 21/11/21 Examination equipment Uvid:
Weight 5.1 kg BCS 5 Heart rate 160 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
ECG Heart Frequency 160 IVSd 4.9 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 17.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 3.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 10.2 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.6 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 4.1 Ao 10 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 1.5 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.5		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) _____ 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
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 Veterinary's signature  Date 21/11/21		Veterinarian's name, clinic's name and address Killid
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		



HCM/RCM screening within health programme

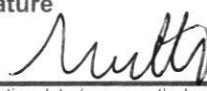
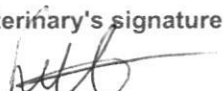
Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>
Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Andreas Müller
Cat's registered name Silvertrace Shadow Of the Moon		Address Am Brunnen 9
Registration number SBT 021817 018		Post code/City/State 96484 Meeder
ID number, microchip or tattoo 945000001846486		Country Germany
Breed of cat Bengal		Phone (including country code) +49 9566 807820
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de
Born (year-month-day) 2017-02-18		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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  Date 13.11.2021
Sire Spotselotica Sterling Eyecatcher		
Dam Rowan Charisma Of Silvertrace		
Examination		Examination date (year-month-day) 21/11/15
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Vivid
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight 4.05 kg BCS 5 Heart rate 130 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	
ECG Heart Frequency 130 IVSd 4.0 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd 14.0 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd 4.3 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs 5.5 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs 7.7 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs 5.8 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF 45 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D Ao 10 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 12 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.2	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) _____ 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	
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 <input checked="" type="checkbox"/> Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address Killich
Veterinary's signature  Date 21/11/15		
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden		



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

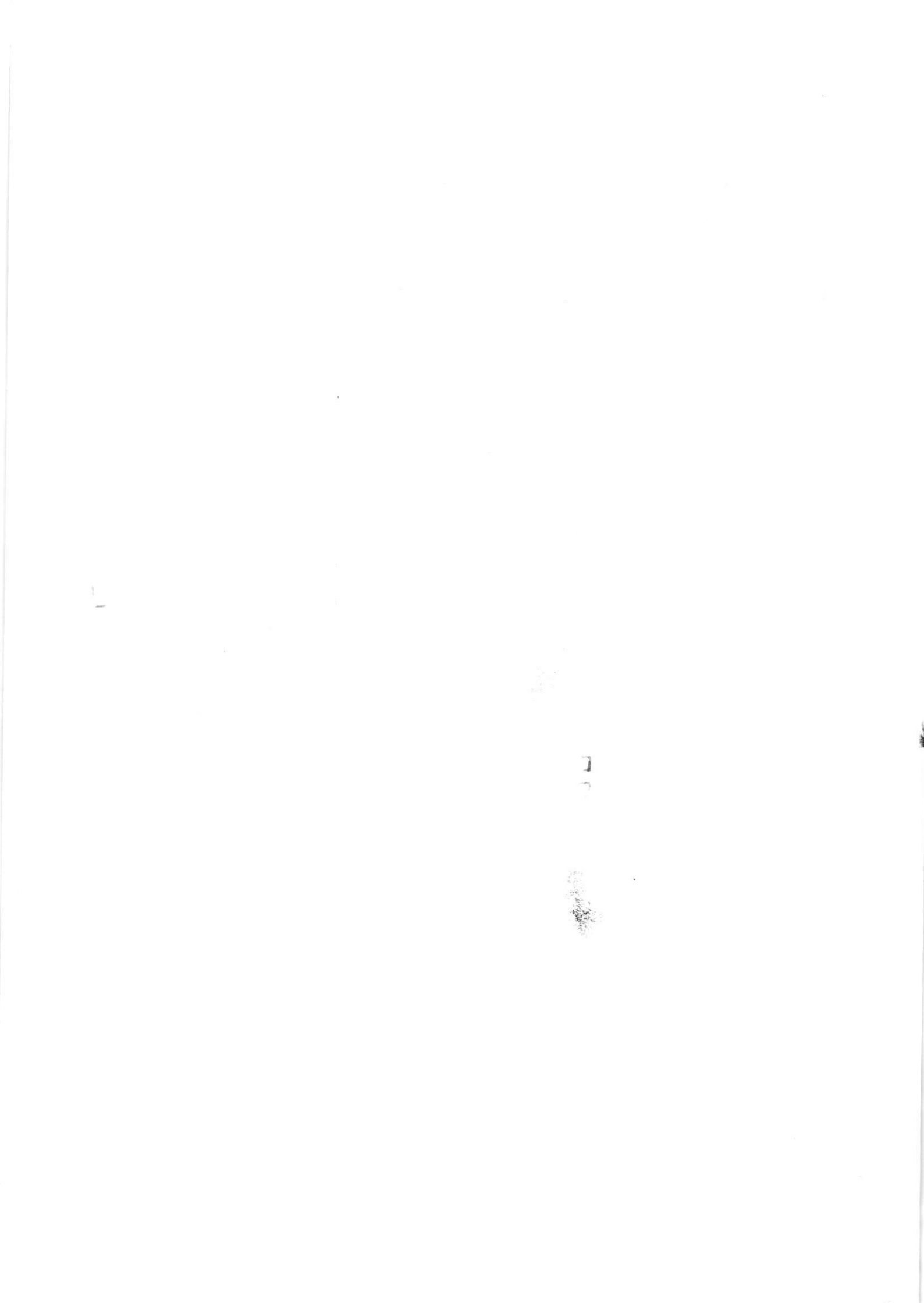
Patient Information		Owner's name Andreas Müller
Cat's registered name Mimosa Dahlia Of Silvertrace		Address Am Brunnen 9
Registration number SBT 082019 037		Post code/City/State 96484 Meeder
ID number, microchip or tattoo 941000023074365		Country Germany
Breed of cat Bengal		Phone (including country code) +49 9566 807820
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de
Born (year-month-day) 2019-08-02		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 Date  13.11.2021
Sire CH Silvertrace Devil		
Dam Mimosa Mina		
Examination		Examination date (year-month-day) 21/11/21
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Stetho
Weight 4.05 kg BCS 5 Heart rate 160 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
ECG Heart Frequency 160 IVSd 4.3 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 14.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.4 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 7.4 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 5.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 7.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 60 Ao 9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 10 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.03		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) _____ 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
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 signature Date  21/11/21		Veterinarian's name, clinic's name and address Killid
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		



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 Andreas Müller
Cat's registered name Vomweinberg Cleofee Of Silvertrace		Address Am Brunnen 9
Registration number C3S 081320 091		Post code/City/State 96484 Meeder
ID number, microchip or tattoo 276099200089262		Country Germany
Breed of cat Bengal		Phone (including country code) +49 9566 807820
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de
Born (year-month-day) 2020-08-13		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 Date 13.11.2021
Sire Northernlight Shimmy Shake		
Dam Madurai Metanet		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 21/11/21
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment ultra i
Weight 4.1 kg BCS 5 Heart rate _____ 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
ECG Heart Frequency 140 IVSd 4.6 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 12.9 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.6 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.4 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 5.5 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.7 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 57 Ao 9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 13 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.43		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) _____ 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
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 Veterinary's signature Date 21/11/21		Veterinarian's name, clinic's name and address Killid
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		





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 Andreas Müller
Cat's registered name Mimosa Sunny Of Silvertrace		Address Am Brunnen 9
Registration number SBT 041820 075		Post code/City/State 96484 Meeder
ID number, microchip or tattoo 941000023074624		Country Germany
Breed of cat Bengal		Phone (including country code) +49 9566 807820
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de
Born (year-month-day) 2020-04-18		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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  Date 13.11.2021
Sire RW CH Silvertrace Ultimate		
Dam Mimosa Mina		
Examination		Examination date (year-month-day) 21/11/21
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Vivid
Weight 4.15 kg BCS 5 Heart rate 140 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input checked="" 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
ECG Heart Frequency 140 IVSd 4.3 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 14.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.2 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 7.2 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 49 Ao 9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 11 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.2		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) _____ 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
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 Veterinary's signature  Date 21/11/21		Veterinarian's name, clinic's name and address Killich
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden		



HCM/RCM screening within health programme


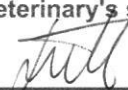

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>
Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Andreas Müller	
Cat's registered name Vomweinberg Nayana Of Silvertrace		Address Am Brunnen 9	
Registration number SBT 101020 095		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 953000010361020		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2020-10-10		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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 _____ Date 13.11.2021	
Sire Neleheia Intrepide			
Dam Solea Vom Weinberg/Id			
Examination		Examination date (year-month-day) 21/11/21	
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Ultrasound	
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No			
Weight 4.2 kg BCS 5 Heart rate 160 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 _____	
ECG Heart Frequency 160 IVSd 4.7 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd 13 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd 4.7 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs 5.9 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs 6.6 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs 6.2 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF 49 Ao 9 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 11 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.26		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) _____ 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	
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 _____ Veterinary's signature _____ Date 21.11.21		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, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden			



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 Andreas Müller	
Cat's registered name Silvertrace Hazel		Address Am Brunnen 9	
Registration number SBT 020119 076		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 941000023071648		Country Germany	
Breed of cat Bengal		Phone (including country code) +49 9566 807820	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email kontakt@bengalenkatzen.de	
Born (year-month-day) 2019-02-01		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 Batifleurs Marvel		Signature 	
Dam RW SGC Silvertrace Runa		Date 13.11.2021	
Examination		Examination date (year-month-day) 24/11/21	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment stetho	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight 4.45 kg BCS 5 Heart rate 120 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	
ECG Heart Frequency 120 IVSd 4.3 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 16.1 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 8.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 64 Ao 10 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 14 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.43		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) _____ 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	
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 Veterinary's signature  Date 24/11/21		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			