



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 Silvertrace Basia		Andreas Müller
Registration number SBT 032120 102		Address Am Brunnen 9
ID number, microchip or tattoo 941000023074552		Post code/City/State 96484 Meeder
Breed of cat Bengal		Country Germany
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) +49 9566 807820
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. Signature _____ Date _____
Sire Batifoleurs Marvel		
Dam Brownsugar Be Cinderella		
Examination		Examination date (year-month-day) 28/11/21
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Ultri
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
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 _____ Date _____		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 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 <i>Andreas Müller</i> 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 Ultrasound
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight 4.35 kg BCS 5	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	
Heart rate 160 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <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
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<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 <i>Kellied</i>
Veterinary's signature <i>[Signature]</i> Date 28/11/21		
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		