




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 <i>Andreas Müller</i>
Cat's registered name <i>Thar Revolution Rock of Silvertrace</i>		Address <i>Am Brunnen 9</i>
Registration number <i>SBT 021021 124</i>		Post code/City/State <i>96484 Drossenhansen</i>
ID number, microchip or tattoo <i>752096700137817</i>		Country <i>Germany</i>
Breed of cat <i>Bengal</i>		Phone (including country code) <i>+49 9566 807820</i>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>Kontakt@bengalunken.de</i>
Born (year-month-day) <i>2021-02-10</i>		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>[Signature]</i> Date <i>22/11/05</i>
Sire <i>Thar Nanuk</i>		
Dam <i>Thar Xena</i>		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>2/11/05</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Uivid?</i>
Weight <i>5.18</i> kg BCS <i>5</i>	Auscultation <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <i>140</i> bpm	<input type="checkbox"/> Murmur characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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 <i>100</i>	Subjective left atrial size	
IVSd <i>5.15</i> <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LVIDd <i>14.55</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
LVPWd <i>5.24</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
IVSs <i>6.3</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LVIDs <i>8.77</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVPWs <i>6.7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
SF <i>40</i>	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Ao <i>10</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles	
LA <i>12</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LA/Ao <i>1.16</i>	<input type="checkbox"/> Abnormal, moderate enlargement	
	<input type="checkbox"/> Abnormal, severe enlargement	
Assessment (based on phenotype)	Comments <i>false tendon apex to mid septum</i>	
<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>[Signature]</i>  AniCura Tierklinik Haar GmbH Keferloher Str 25 85540 Haar Tel. +49 89 461 48 51-0	
Veterinary's signature <i>[Signature]</i> Date <i>22/11/05</i>		

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ångsmyrvägen 1 Båsta, 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 <i>Andreas Müller</i>
Cat's registered name <i>Nimasa Sunny of Silvertrace</i>		Address <i>Ain Brunnen 9</i>
Registration number <i>SBT 041820 075</i>		Post code/City/State <i>96484 Drossenhausen</i>
ID number, microchip or tattoo <i>9410000 230 47624</i>		Country <i>Germany</i>
Breed of cat <i>Bengal</i>		Phone (including country code) <i>+49 9566 807820</i>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>kontakt@bengalenkitten.de</i>
Born (year-month-day) <i>2020-04-18</i>		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>Muthy</i> Date <i>22/11/05</i>
Sire <i>RW CH Silvertrace Ultimate</i>		
Dam <i>Nimasa Nina</i>		
Examination		
Sedated: <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>22/11/05</i>
On medication: <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Vivid;</i>
Weight <i>4.1</i> kg BCS <i>5</i>	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 <i>160</i> bpm	<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	
ECG Heart Frequency <i>160</i>	IVSd <i>4.2</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>11.4</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>4.2</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>5.7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>5.5</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>5.6</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>52</i> Ao <i>8</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <i>9</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <i>1.1</i>	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 name, clinic's name and address  AniCura Tierklinik Haar GmbH Keferloher Str 25 85540 Haar Tel. +49 89 461 48 51-0
Veterinary's signature <i>[Signature]</i> Date <i>22/11/05</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