



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		Address	
Registration number		Post code/City/State	
ID number, microchip or tattoo		Country	
Breed of cat		Phone (including country code)	
Male Not altered Female Altered		Email	
Born (year-month-day)		I have read PawPeds' instructions for HCM screening and are aware that I must inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature Date	
Sire			
Dam			
Examination		Examination date (year-month-day)	
Sedated Yes, with: _____ No		Examination equipment	
On medication Yes, with: _____ No			
Weight _____ kg	Auscultation:	Gallop	
Heart rate _____ bpm	Normal	Murmur, characteristics	
Dehydrated Pregnant	Grade: I II III IV V VI	Dynamic	Static
Lactating Other, describe	Timing: Systolic Diastolic	Both	Continuous
	Location: Left apex (sternum)	Left Base	Other, describe
IVSd _____ cm mm	M-mode 2-D	Subjective left atrial size	
LVIDd _____	M-mode 2-D	Normal	
LVPWd _____	M-mode 2-D	Mild enlargement	
IVSs _____	M-mode 2-D	Moderate enlargement	
LVIDs _____	M-mode 2-D	Severe enlargement	
LVPWs _____	M-mode 2-D	Systolic anterior motion of the mitral valve yes no	
SF _____		If yes, LV outflow tract flow velocity (Doppler) _____	
Ao _____	M-mode 2-D	End-systolic cavity obliteration yes no	
LA _____	M-mode 2-D	Papillary muscles	
LA/Ao _____		Normal	
		Abnormal, moderate enlargement	
		Abnormal, severe enlargement	
Assessment (based on phenotype)		Comments	
Normal Equivocal			
HCM Mild Moderate Severe			
RCM			
Other, describe			
Veterinarian		Veterinarian's name, clinic's name and address	
PawPeds' examination instructions has been followed			
Cat's identity verified yes no, describe why not			
Signature		Date	

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