



# HCM/RCM screening within health programme

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

<b>Patient Information</b>		Owner's name <i>WONDRAKOVA' PAULA</i>
Cat's registered name <i>YAHAYA BEPT HOU*RU</i>		Address <i>@IRKVICE 123</i>
Registration number		Post code/City/State <i>403 02 VATI' NAD LABEM</i>
ID number, microchip or tattoo		Country <i>CZ</i>
Breed of cat <i>2014-10-06</i>		Phone (including country code)
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> 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. <b>Signature</b> _____ <b>Date</b> <i>16. 9. 2015</i>
Sire		
Dam		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>2015-09-16</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>EPATE PICHU PRO</i>
Weight <u><i>2.7</i></u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u><i>260-280</i></u> 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	
IVSd <u><i>4.2</i></u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Subjective left atrial size	
LVIDd <u><i>13.5</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LFWd <u><i>3.6</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
IVSs <u><i>5.4</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
LVIDs <u><i>7.3</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LFWs <u><i>6.0</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
SF <u><i>46</i></u>	If yes, LV outflow tract flow velocity (Doppler) <u><i>220 cm/s</i></u>	
Ao <u><i>7.2</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LA <u><i>11.0</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles	
LA/Ao <u><i>1.53</i></u>	<input checked="" type="checkbox"/> Normal	
<b>Assessment (based on phenotype)</b>		Comments <i>ZOPAKOVAT VYČETŘEDLI' ZA 1-2 ROKY</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		
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input type="checkbox"/> yes <input type="checkbox"/> no, describe why not <b>Signature</b> _____ <b>Date</b> <i>16. 9. 2015</i>		MVDr. Josef ZATOUKAL, Ph.D. Zbožská 1361/32, 288 02 Nymburk tel.: 325 513 602, mobil: 739 023 060 IČO: 71324771

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