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

Cat's registered name

Registration number

ID number, microchip or tattoo

Breed of cat

☐ Male ☐ Not altered
☐ Female ☐ Altered

Born (year-month-day)

Sire

Dam

Owner's name

Address

Post code/City/State

Country

Phone (including country code)

Email

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**

Examination

Examination date (year-month-day)

Sedated
☐ Yes, with: ☐ No

Examination equipment

On medication
☐ Yes, with: ☐ No

Weight _____ kg

Heart rate _____ bpm

☐ Dehydrated ☐ Pregnant
☐ Lactating ☐ Other, describe

Auscultation:
☐ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	_____ ☐ cm ☐ mm	☐ M-mode	☐ 2-D
LVIDd	_____	☐ M-mode	☐ 2-D
LVFWd	_____	☐ M-mode	☐ 2-D
IVSs	_____	☐ M-mode	☐ 2-D
LVIDs	_____	☐ M-mode	☐ 2-D
LVFWs	_____	☐ M-mode	☐ 2-D
SF	_____		
Ao	_____	☐ M-mode	☐ 2-D
LA	_____	☐ M-mode	☐ 2-D
LA/Ao	_____		

Subjective left atrial size
☐ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☐ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☐ no

Papillary muscles
☐ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☐ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments

Veterinarian

PawPeds' examination instructions has been followed
Cat's identity verified ☐ yes ☐ no, describe why not

Signature **Date**

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

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