



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)	
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input 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.	
Sire			
Dam			
Examination		Examination date (year-month-day)	
Sedated <input type="checkbox"/> Yes, with: _____ <input type="checkbox"/> No		Examination equipment	
On medication <input type="checkbox"/> Yes, with: _____ <input type="checkbox"/> No			
Weight _____ kg	Auscultation:		
Heart rate _____ bpm	<input type="checkbox"/> Normal <input type="checkbox"/> Gallop		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	<input type="checkbox"/> Murmur, characteristics		
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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		
IVSd _____ <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size		
LVIDd _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Normal		
LVFWd _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement		
IVSs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement		
LVIDs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement		
LVFWs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input type="checkbox"/> no		
SF _____	If yes, LV outflow tract flow velocity (Doppler) _____		
Ao _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input type="checkbox"/> no		
LA _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles		
LA/Ao _____	<input type="checkbox"/> Normal		
	<input type="checkbox"/> Abnormal, moderate enlargement		
	<input type="checkbox"/> Abnormal, severe enlargement		
Assessment (based on phenotype)		Comments	
<input 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			
Veterinarian		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 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 BORLÄNGE, Sweden			