



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 Longtailmaines Hachiko PP		Yvonne Zraggen
Registration number TCC ZBT MCP 151223 002		Address Kirchstrasse 16
ID number, microchip or tattoo 756098101168147		Post code/City/State 6454 Flüelen
Breed of cat Maine Coon		Country Switzerland
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) ++41 (0) 41 870 10 15
Born (year-month-day) Longtailmaines Quincy		Email zraggen@mainecoon.ch
Sire Mugen Teki Hermine PP		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 Date <i>Yvonne Zraggen</i> 2025-01-10
Dam 2023-12-15		
Examination		Examination date (year-month-day) 2025-01-10
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Esate Mylab One pet</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>7.25</i> kg BCS <i>S18</i> Heart rate <i>188</i> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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	
ECG Heart Frequency <i>150 bpm</i> IVSd <i>0.42</i> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <i>2.01</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <i>0.36</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <i>0.58</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <i>1.15</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <i>0.56</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <i>43%</i> Ao <i>1.19</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>1.01</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.35</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) <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	Comments	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature Date <i>[Signature]</i> 10.01.2025	Veterinarian's name, clinic's name, and address <i>Dr. med. vet. A. Czern</i> ENNETSeeKLINIK für Kleintiere ZN d. IVC Evidensia Schweiz AG Rothusstrasse 2 b 6331 Hünenberg	

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