



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 Yvonne Maurer
Cat's registered name Longtailmaines Quincy	Address Kirchstrasse 16	
Registration number TCC ZBT MC 190117 011	Post code/City/State 6454 Flüelen	
ID number, microchip or tattoo 756098502006820	Country Switzerland	
Breed of cat Maine Coon	Phone (including country code) ++41 (0) 41 870 10 15	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered	Email maurer@mainecoon.ch	
Born (year-month-day) 2017-01-19	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 Waterproof's Testarossa	Signature	Date
Dam Longtailmaines Oshawa	<i>Yvonne Maurer</i>	2018-01-24
Examination		Examination date (year-month-day) 2018-01-24
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment Philips Epiq 7G	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>5.72</u> kg BCS _____ Heart rate <u>212</u> 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 <u>220</u> IVSd <u>4.80</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>18.6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>4.6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>6.59</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>9.03</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>6.67</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>51.</u> Ao <u>10.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>13.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.3</u>	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)		Comments
<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		
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address Vetsuisse-Fakultät Universität Zürich Klinik für Kleintiermedizin Abteilung für Kardiologie Winterthurerstrasse 260 CH-8057 Zürich
Veterinary's signature <i>[Signature]</i> Date 24.01.2018		

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