



Patient Information		Owner's name	
Cat's n		Schmidt Bärbel	
Registr	Schmidt Bärbel Mühlackerweg 1 D-78176 Blumberg	Address Mühlackerweg 1	
ID num	P:0049 7702 477 122 M:0049	Post code/City/State 78176 Blumberg	
Breed c	KG 2204332-101 / 229033-28 Katze, Bengal, F, 'TecSpot Silver Coins' 07.02.12 / 1J, 3M	Country Germany	
<input type="checkbox"/> Ma <input type="checkbox"/> Fe Born (y)	Eintritt: 15.05.2013 CHIP: 985121008500570	Phone (including country code) 0049 7702 477122	
Sire		Email info.madonnen-hospital.com	
Dam		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 <i>B Schmidt</i>	Date 15.05.13

Examination		Examination date (year-month-day)
Sedated		2013-5-15
<input type="checkbox"/> Yes, with:	<input checked="" type="checkbox"/> No	Examination equipment GE VIVID 7
<input type="checkbox"/> On medication	<input checked="" type="checkbox"/> No	

Weight <u>4.75</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop
Heart rate <u>120</u> bpm	<input type="checkbox"/> Murmur, characteristics
<input type="checkbox"/> Dehydrated <input checked="" 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>3.55</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
LVIDd <u>18.09</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWd <u>3.55</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
IVSs <u>4.70</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <u>12.50</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWs <u>6.03</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>31</u>	
LA <u>12.55</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA/Ao <u>1.37</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	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	False tendon LV diastolic chamber size is most likely related to pregnancy and increased circulating volume.

Veterinarian	Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not	Vetsuisse-Fakultät Universität Zürich Klinik für Kleintiermedizin Abteilung für Kardiologie Winterthurerstrasse 260 CH-8057 Zürich
Signature <i>[Signature]</i> Date 15-5-13	

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