



| Patient Information | | Owner's name |
|--|---|--|
| Cat's r | | Schmidt Bärbel |
| Regist | 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 | KG 2204331-101 / 229033-27 Katze, Bengal, F, 'Madurai Moulin Rouge' 02.06.12 / 11M, 12T | Country Germany |
| <input type="checkbox"/> M <input type="checkbox"/> F Born (| Eintritt: 15.05.2013 CHIP: 276098104531613 | Phone (including country code) 0049 7702 477 122 |
| Sire | | Email |
| 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 _____ Date _____ |
| Examination | | Examination date (year-month-day) |
| Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | 2013-5-15 |
| On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination equipment GE VIVID 7 |
| Weight <u>4,48</u> kg | Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics | |
| Heart rate <u>170</u> bpm | Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static | |
| <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant | Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous | |
| <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____ | Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe _____ | |
| IVSd <u>4.4</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 | |
| LVIDd <u>14.92</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | <input checked="" type="checkbox"/> Normal | |
| LVPWd <u>3.98</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | <input type="checkbox"/> Mild enlargement | |
| IVSs <u>6.30</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | <input type="checkbox"/> Moderate enlargement | |
| LVIDs <u>8.63</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | <input type="checkbox"/> Severe enlargement | |
| LVPWs <u>6.95</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 | |
| SF <u>42</u> | If yes, LV outflow tract flow velocity (Doppler) _____ | |
| <u>9.13</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| LA <u>10.37</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | Papillary muscles | |
| LA/Ao <u>1.14</u> | <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 _____ | | |
| 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 _____ | Date _____ | |
| 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 | | |