



Patient Information		Owner's name
Cat's regi		Schmidt Bärbel
Registrat	Schmidt Bärbel Mühlackerweg 1 D-78176 Blumberg P:0049 7702 477 122 M:0049	Address Mühlackerweg 1
ID number	KG 2191807-102 / 229033-21 Katze, Bengal, F, 'Spotagious Rock'n Rose' 26.03.11 / 2J, 1M	Post code/City/State 78176 Blumberg
Breed of	Eintritt: 15.05.2013	Country Germany
<input type="checkbox"/> Male <input type="checkbox"/> Female	CHIP: 276098104028315	Phone (including country code) 0049 7702 477 122
Born (year)		Email
Sire		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>X Schmidt</i> Date 15.05.13
Dam		
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>3.8</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate <u>160</u> bpm	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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
IVSd <u>4.96</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>15.32</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
LVFWd <u>3.76</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		If yes, LV outflow tract flow velocity (Doppler) _____
IVSs <u>7.01</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
LVIDs <u>7.94</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
LVFWs <u>6.88</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>48</u>		
LA <u>11.84</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA/Ao <u>1.38</u>		
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		Mild asymmetry of septal and LV free wall thicknesses (IVS > LVPW) Recheck in 6 months. Increased echogenicity of basal myocardium.
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>Mats</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		