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

Cat's registered name: FIBULINE DE LAÏ LOKEN

Registration number: LOOF 2011.1703

ID number, microchip or tattoo: 250268500465411

Breed of cat: NORWEGIAN FOREST CAT

☐ Male ☒ Not altered
☒ Female ☐ Altered

Born (year-month-day): 2010-10-6

Sire: HOJMARKENS TEREK *DE

Dam: VIVIAN LEIGH DE LAÏLOKEN *FR

Owner's name: HEYMANS Cécile

Address: 539 route de Pouilly

Post code/City/State: 74130 Contamine sarve

Country: France

Phone (including country code): 0033608767942

Email: hibernia@hibernia-cattery.net

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): 2012-06-07

Sedated: ☐ Yes, with: ☒ No

Examination equipment: GE Logiq e

On medication: ☐ Yes, with: ☒ No

Weight: 3,6 kg

Heart rate: 190 bpm

☐ Dehydrated ☐ Pregnant
☒ Lactating ☐ Other, describe

Auscultation:
☒ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	3,7	☐ cm ☒ mm	☒ M-mode	☐ 2-D
LVIDd	16,6		☒ M-mode	☐ 2-D
LVFWd	3,5		☒ M-mode	☐ 2-D
IVSs	5,8		☒ M-mode	☐ 2-D
LVIDs	8,5		☒ M-mode	☐ 2-D
LVFWs	7,2		☒ M-mode	☐ 2-D
SF	49%			
Ao	9,8	10,5	☒ M-mode	☒ 2-D
LA	13,2	13,8	☒ M-mode	☒ 2-D
LA/Ao	1,3	1,3		

Subjective left atrial size
☒ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☐ no

Papillary muscles
☒ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments

Veterinarian

PawPeds' examination instructions has been followed
Cat's identity verified ☐ yes ☐ no, describe why not

Signature **Date** 7-06-2012

Veterinarian's name, clinic's name and address

Dr M. COLLET
VETERINAIRE
N° Ordre National : 3094
17, avenue Victor Hugo
38170 SEYSSINET-PARISET
Tél. 04 76 21 61 90

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