



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
Cat's registered name		Address
Registration number		Post code/City/State
ID number, microchip or tattoo		Country
Breed of cat		Phone (including country code)
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email
Born (year-month-day)		I have read PawPeds' instructions for HCM screening. I am 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 by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form. Signature _____ Date _____
Sire		
Dam		
Examination		Examination date (year-month-day)
Sedated <input type="checkbox"/> Yes, with: _____ <input type="checkbox"/> No		Examination equipment
On medication <input type="checkbox"/> Yes, with: _____ <input type="checkbox"/> No		
Weight _____ kg BCS _____ Heart rate _____ bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____	Auscultation: <input 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 _____ IVSd _____ <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF _____ Ao _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao _____	Subjective left atrial size <input 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 type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration <input type="checkbox"/> yes <input type="checkbox"/> no Papillary muscles <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
Assessment (based on phenotype)		Comments
<input 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 type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature _____ Date _____		Veterinarian's name, clinic's name and address Dr. Niek Beijerink, DVM, Phd, Dipl. ECVIM, VETERINAIRE SPECIALISTEN Reutsedijk 8a, 5264 PC Vught tel: 013-5285900 info@veterinairespecialisten.nl

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