



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 <i>IRINA VAINIO</i>
Cat's registered name <i>HAROLO GOLO NYMPHA</i>		Address <i>SUONIKYNTIE 6</i>
Registration number <i>3942-02037837</i>		Post code/City/State <i>26740 VASA/RÄINEN</i>
ID number, microchip or tattoo <i>972 270 000 186 497</i>		Country <i>FINLAND</i>
Breed of cat <i>SIBERIAN</i>		Phone (including country code) <i>+358445 996 899</i>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>irina.vainio@dnainternet.net</i>
Born (year-month-day) <i>2013-11-06</i>		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>Irina Vainio</i> Date <i>2015-23-06</i>
Sire <i>IGNAT INDIGO EYES</i>		
Dam <i>AYRIS GOLD NYMPHA</i>		
Examination		Examination date (year-month-day) <i>2015-06-23</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Philips HD 11 XE, S12-4</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>6</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>210</u> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input 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>0.48</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" 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>1.73</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVPWd <u>0.45</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
IVSs <u>0.77</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDs <u>0.79</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVPWs 0.70 <u>0.66</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
SF <u>54%</u>		
Ao <u>1.04</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>1.38</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1.33</u>		
Assessment (based on phenotype)		Comments <i>focal thickening found in the previous exam 2015-01-23 was not found anymore.</i>
<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 <i>Eeva-Liisa Lindquist</i> UNIVET Univet Tampere Kuokkamaantie 4, 33800 Tampere p. 03-3563677
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Signature <i>[Signature]</i> Date <i>2015-23-06</i>		

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