



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>Leinonen Etc</i>
Cat's registered name <i>TipTop Maine Naununtenco</i>	Address <i>Solvikin katu 1B17</i>	
Registration number <i>SRK RX 78397</i>	Post code/City/State <i>00990 HELSINKI</i>	
ID number, microchip or tattoo <i>246 098100228596</i>	Country <i>FINLAND</i>	
Breed of cat <i>Maine Coon</i>	Phone (including country code) <i>+358-90 374 9093</i>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered	Email	
Born (year-month-day) <i>2008 01 19</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.	
Sire <i>Calypso Von der Kleine Hammelberg</i>	Signature <i>[Signature]</i>	Date <i>22/1/2011</i>
Dam <i>Chericcoon's C of The TipTop?</i>		
Examination		Examination date (year-month-day) <i>2011-01-22</i>
Sedated <input checked="" type="checkbox"/> Yes, with: <i>Melbromidine</i> <input type="checkbox"/> No	Examination equipment <i>PHILIPS HD11XE</i>	
On medication <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		
Weight <i>7.0</i> kg Heart rate <i>165</i> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Auscultation: <input checked="" 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	
IVSd <i>4.4</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>17.4</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>3.8</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>7.1</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>13.2</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>6.3</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>31.8</i> Ao <i>10.8</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>14.8</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.37</i>	Subjective left atrial size <input checked="" 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 checked="" type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
Assessment (based on phenotype) <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	Comments	
Veterinarian	Veterinarian's name, clinic's name and address SEPPO LAMBERG Pieneläinsairauksien erikoiseläinlääkäri Lahden Eläinlääkäriasema Oy Launeenkatu 12, 15100 Lahti p. (03) 88 4030	
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>22.1.2011</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