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: Anders Gisle Larsson	
Cat's registered name: DK Camicoon ′ s June	Address: Bakkevej 3
Registration number: (DK) FD LO 238845	Post code/City/State: 8960 Randers SØ
ID number, microchip or tattoo: 208213990453582	Country: Denmark
Breed of cat: Maine Coon	Phone (including country code): +45 31669696
☐ Male ☒ Not altered ☒ Female ☐ Altered	Email: kat@minowisi.dk
Born (year-month-day): 2020-07-13	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.
Sire: DK Naunas Anton	**Signature** **Date** 2021-10-05
Dam: DK Camicoon ′ s Naira	

Examination

Examination date (year-month-day): 2021.10.12	
Sedated: ☐ Yes, with: ☒ No	Examination equipment: GE Vivid E9, 12 mHz
On medication: ☐ Yes, with: ☒ No	

Weight 4.5 kg BCS 5/9

Heart rate 215 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

ECG Heart Frequency 215

IVSd	0.3	☒ cm ☐ mm	☒ M-mode ☐ 2-D
LVIDd	1.9		☒ M-mode ☐ 2-D
LVFWd	0.3		☒ M-mode ☐ 2-D
IVSs	0.4		☒ M-mode ☐ 2-D
LVIDs	1.3		☒ M-mode ☐ 2-D
LVFWs	0.4		☒ M-mode ☐ 2-D
SF	30%		
Ao	0.8		☐ M-mode ☒ 2-D
LA	0.9		☐ M-mode ☒ 2-D
LA/Ao	1.15		

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

PawPeds' examination instructions has been followed

Cat's identity verified ☒ yes ☐ no, describe why not

Veterinary's signature **Date** 13/10-2021

Veterinarian's name, clinic's name and address

BYGHOLM DYREHOSPITAL
G. Valentiner-Branth
Islandsvej 18, 8700 Horsens
Telf. 75 61 14 44

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