



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 Anja Czernia
Cat's registered name Aqua-Cat's Mystique Rose		Address Schäferwinkel 19a
Registration number DE-0235-04-2014-066 MCO		Post code/City/State 39164 Groß Rodensleben
ID number, microchip or tattoo 900096000021454		Country Germany
Breed of cat Maine Coon		Phone (including country code) 039293-289970
☐ Male ☒ Not altered ☒ Female ☐ Altered		Email anja_czernia@hotmail.com
Born (year-month-day) 2014-06-18		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 <i>Anja Czernia</i> 28.10.15
Sire Ch.Quentino vom großen Weidenteich		
Dam Aqua-Cat's Peshewa		
Examination		
Sedated ☐ Yes, with: ☒ No On medication ☐ Yes, with: ☒ No		Examination date (year-month-day) 28.10.2015 Examination equipment GE Logiq P5
Weight <u>5.06</u> kg Heart rate <u>160</u> 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 <u>3.7</u> ☐ cm ☒ mm ☒ M-mode ☐ 2-D LVIDd <u>15.1</u> ☒ M-mode ☐ 2-D LVFWd <u>3.2</u> ☒ M-mode ☐ 2-D IVSs <u>4.3</u> ☒ M-mode ☐ 2-D LVIDs <u>8.0</u> ☒ M-mode ☐ 2-D LVFWs <u>6.3</u> ☒ M-mode ☐ 2-D SF <u>47.14</u> Ao <u>8.4</u> ☐ M-mode ☒ 2-D LA <u>9.8</u> ☐ M-mode ☒ 2-D LA/Ao <u>1.17</u>		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 Im Korultraschall konnten keine pathologischen Befunde erhoben werden
Veterinarian PawPeds' examination instructions has been followed Cat's identity verified ☒ yes ☐ no, describe why not Signature Date <i>Leppelt</i> 28.10.15		
		Veterinarian's name, clinic's name and address Tierärztliche Klinik für Kleintiere Dr. J. Leppelt & Dr. K. Schneider Ebendorfer Straße 39 · 39108 Magdeburg Tel.: 0391-7318640 · Fax: 0391-7318630 E-mail: tierklinik.magdeburg@web.de
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		