



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 Myanmar Vulcano		Fabian János	
Registration number		Address Hajnal u. 17.	
ID number, microchip or tattoo 956000010113693		Post code/City/State 7624	
Breed of cat bengal		Country Magyarország/Hungary	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) +36703356285	
Born (year-month-day) 2018-05-29		Email	
Sex Male		I have read PawPeds' instructions for HCM screening and am aware that I must inform the examiner about my cat's health status and if it is on medication. I am aware that the results will be entered for the records of PawPeds. I authorize PawPeds to publicly release all results from this form.	
Dam		Signature _____ Date _____	
Examination		Examination date (year-month-day) 2019-08-15	
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment MINDRAY DC-8	
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No			
Weight <u>4</u> kg BCS _____		Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics _____	
Heart rate <u>180</u> bpm		Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant		Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____		Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe _____	
ECG Heart Frequency <u>180</u>		Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement	
IVSd <u>4</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDd <u>4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		If yes, LV outflow tract flow velocity (Doppler) _____	
LVFWd <u>4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
IVSs <u>6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVIDs <u>7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LVFWs <u>6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
SF <u>42</u>			
Ao <u>8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA <u>11</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA/Ao <u>1</u>			
Assessment (based on phenotype)		Comments HCM negative	
<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 _____			
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____		Veterinarian's name, clinic's name and address ECHOCARD Mászerek Diagnosztikai Centrum 1135 Bp., Lelki s. 43-47. T.: 239-7065, 06-309-245-006	
Veterinarian's signature _____ Date <u>2019.08.15</u>			

For registration of the result, the veterinarian shall send a copy of this form to:
 PawPeds, c/o Olsson, Ångsmyrvägen 1 Bånsa, SE-781 95 BÖRLÄNGE, Sweden