



# 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

<b>Patient Information</b>		Owner's name	
Cat's registered name <u>Wildrose bengals Halo of Jewels</u>		Address <u>24576 32 Ave Langley</u>	
Registration number <u>SBT 052617 002</u>		Post code/City/State <u>V2Z 2J5</u>	
ID number, microchip or tattoo <u>900026000592784</u>		Country <u>CANADA Langley BC</u>	
Breed of cat <u>Bengal</u>		Phone (including country code) <u>604.376.0575</u>	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <u>carmen.klassen@gmail.com</u>	
Born (year-month-day) <u>05/26/2017</u>		I have read PawPeds' instructions for HCM screening and are 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 retained for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature _____ Date <u>Mar 10/18</u>	
Sire <u>SBT 032016 045</u>			
Dam <u>SBT 061216 019</u>			
<b>Examination</b>		Examination date (year-month-day) <u>2018-03-10</u>	
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment <u>Vivid5</u>	
Weight _____ kg BCS _____ Heart rate _____ 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 _____		
ECG Heart Frequency <u>205</u> IVSd <u>3.7</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>14.2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>3.5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>4.7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>10.1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>4.3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>292</u> Ao <u>8.8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>12.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.36</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 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	
<b>Assessment (based on phenotype)</b>		Comments <u>Normal. No evidence of HCM.</u>	
<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 type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____		Veterinarian's name, clinic's name and address <u>Dr Kim Hawkes DACVIM (Cardiology)</u> <b>NORTH DELTA ANIMAL HOSPITAL</b> <b>8243 120TH STREET</b> <b>DELTA, B.C. V4C 6R1</b> <b>PH: 604.506.9259</b>	
Veterinary's signature _____ Date <u>03/10/18</u>			