

2019-0406-5



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

Solo

Patient Information		Owner's name <i>Carmen Klassen</i>
Cat's registered name <i>Rw Agc Jewelspride Solo</i>		Address <i>24576 32 Avenue</i>
Registration number <i>SBT 062116026</i>		Post code/City/State <i>Langley BC V2Z 2J5</i>
ID number, microchip or tattoo		Country <i>Canada</i>
Breed of cat <i>Bengal</i>		Phone (including country code) <i>604 376 0575</i>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>carmen.klassen@gmail.com</i>
Born (year-month-day) <i>June 21, 2016</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. Signature <i>Carmen Klassen</i> Date <i>April 6, 2019</i>
Sire <i>Majestiopride Phoenix</i>		
Dam <i>Solana Ranch Radiance</i>		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>2019-04-06</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Vividg</i>
Weight <i>17.15</i> kg BCS _____	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate _____ 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 _____	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 <i>4.6</i> <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDd <i>22.4</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
LVFWd <i>4.7</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
IVSs <i>8.5</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVIDs <i>9.4</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LVFWs <i>9.8</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
SF <i>58%</i>		
Ao <i>9.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <i>13.2</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <i>1.34</i>		
Assessment (based on phenotype)	Comments <i>Normal cardiac structure and function</i>	
<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 <i>Dr Kim Hawkes DACVIM (Cardiology) 5820 - 99 St Edmonton AB North Delta Annex #6 VCA Canada Generalist Centre</i>	
Veterinary's signature <i>[Signature]</i>	Date <i>Apr 06/19</i>	