



# 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 Markus Kuberka
Cat's registered name Horst von Dimi Power		Address Birkengasse 4
Registration number CM-LO-202002-182-DE		Post code/City/State Neumarkt-Sankt Veit
ID number, microchip or tattoo 276098800125073		Country Deutschland
Breed of cat Bengal - Seal spotted lynx point		Phone (including country code) 015231773855
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email cattery-von-falkenstein@email.de
Born (year-month-day) 08.02.2020		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. <b>Signature</b> <i>Kuberka Markus</i> <b>Date</b>
Sire Oasisbengals Orion		
Dam Maca de Roseta Nala		
<b>Examination</b>		Examination date (year-month-day) 2022-07-20
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment vivid iq, phased away S12
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>2.99</u> kg BCS <u>3</u> Heart rate <u>120</u> 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>132</u> IVSd <u>0.35</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.19</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.35</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.58</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.57</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.62</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>52%</u> Ao <u>0.81</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>1.20</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.25</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> <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	Comments <i>falsche tendenz LV</i>	
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 <i>Dr. Sandra Penzler</i> <i>Beiz 3</i> <i>84405 Dorfen</i> Tierärztl. Gemeinschaftspraxis dr. vet. Kotter & Penzler Baron-Riederer-Str. 35 84337 Schönbühl Tel.: 08728/941 Email: info@tierarzte-sch-mendorf.de	
Veterinarian's signature <i>[Signature]</i>	Date 2022-07-20	
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden		