



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 Markus Kuberka	
Cat's registered name Angela von Falkenstein		Address Birkengasse 4	
Registration number CM-LO-202002-153-DE		Post code/City/State Neumarkt-Sankt Veit	
ID number, microchip or tattoo 276098800145094		Country Deutschland	
Breed of cat Bengal - Black spotted tabby		Phone (including country code) 015231773855	
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email cattery-von-falkenstein@email.de	
Born (year-month-day) 15.02.2020		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. Signature Date 2022-07-20 <i>Markus Kuberka</i>	
Sire Sevenheaven Napoleon			
Dam F.Ramone's Bengal Cat Aurora			
Examination			
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day)	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment livid iq, phased array s12	
Weight <u>3.58</u> kg BCS <u>3</u> Heart rate <u>140</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>180 bpm</u> IVSd <u>0.44</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.33</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.43</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.76</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.50</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.79</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>62</u> Ao <u>0.850</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>1.21</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.31</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		
Assessment (based on phenotype) <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 LK → falsche Wandstärke 0,5 cm</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 Berg</i> Tierärztl. Gemeinschaftspraxis Schönau dr. vet. Kötter & Evers Barch-Riederer-Str. 55 84337 Schönau Tel.: 097 261 940 9000	
Veterinarian's signature <i>Sandra Berg</i>		Date 20.07.2022	