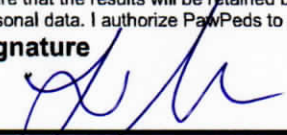

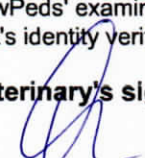




HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>

Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Sigrid Karstorp
Cat's registered name SE*Yggdrasils scion Eiktymer (Katan)		Address Dala Ramstorp 2
Registration number (SE)SVERAK RX 409024		Post code/City/State 521 62 Stenstorp
ID number, microchip or tattoo 752094100148953		Country Sweden
Breed of cat Bengal		Phone (including country code) 0046 73 722 46 38
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email s.karstorp@gmail.com
Born (year-month-day) 2022-06-21		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 29/9-2023
Sire Sunny Paradise Wild Voss		
Dam Bengalissimo Adore Me		
Examination		Examination date (year-month-day) 2023-09-29
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Mindray DE90 Vet
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>3.5</u> kg BCS <u>5/9</u> Heart rate <u>150</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>150</u> IVSd <u>0.43</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.48</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.43</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.59</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.88</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.55</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>41%</u> Ao <u>0.98</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>1.00</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.02</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  MIN VETERINÄR i Skaraborg AB Kommunalhusplatsen 2 A, 541 57 Skövde Tel. 0500-43 43 90 Fax. 0500-43 43 95 E-post. info@minvet.se	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature  Date 2023-09-29	Veterinarian's name, clinic's name and address Leg. Veterinär Marie Karlsson Lindskog Specialistkompetens i hundens & kattens sjukdomar	

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 BORLÄNGE, Sweden