



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
Cat's registered name SuperCoons Pappardelle		Shireen Booyse
Registration number QFA24		Address [REDACTED]
ID number, microchip or tattoo [REDACTED] 5475		Post code/City/State [REDACTED], QLD
Breed of cat Maine Coon		Country Australia
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) [REDACTED] 229
Born (year-month-day) 2024/04/11		Email shireenbooyse@gmail.com
Sire Akella Leader Platon		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 <i>Booyse</i> Date 15-04-25
Dam Coonheart Magda		
Examination		Examination date (year-month-day)
Sedated <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		15/4/25
On medication <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		Examination equipment: Vivid IQ
Weight 6.3 kg BCS 5/9 Heart rate 168 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 IVSd 3.89 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 18.06 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.03 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.23 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 10.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.69 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 45 Ao 10.3 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 12.9 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.25		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)		Comments
<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 checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Veterinary's signature <i>[Signature]</i> Date 15/4/25		Veterinarian's name, clinic's name and address Dr Geoff Midson (Vet Cardiologist) Redlands Veterinary Clinic. 433 Boundary Road, Thornlands 4164

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden