

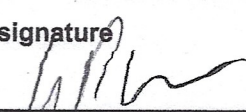




HCM/RCM screening within health programme
Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>
Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Shireen Booyse	
Cat's registered name SuperCoons Wolverine		Address [redacted] Drive	
Registration number QFA21 [redacted]		Post code/City/State [redacted] QLD	
ID number, microchip or tattoo [redacted] 		Country Australia	
Breed of cat Maine Coon		Phone (including country code) [redacted]	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email shireenbooyse@gmail.com	
Born (year-month-day) 2024/04/11		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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 15-04-25	
Sire Akella Leader Platon			
Dam SuperCoons Yogi			
Examination		Examination date (year-month-day) 15/4/25	
Sedated <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		Examination equipment Vivid 10	
On medication <input type="checkbox"/> Yes, with: <input type="checkbox"/> No			
Weight <u>7.3</u> kg BCS <u>5/9</u> Heart rate <u>182</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 IVSd <u>3.89</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>18.89</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.03</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.42</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>11.53</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.39</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>39</u> Ao <u>13.3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>14.9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.12</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	
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 15/4/25		Veterinarian's name, clinic's name and address Dr Geoff Nicolson 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