




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 EBOGA & Maria Daniels
Cat's registered name SE* Bispbergs Mighty Shadow		Address Bispberg 21
Registration number Sveurk L0 352 872		Post code/City/State 783 90
ID number, microchip or tattoo 752098100901250		Country // SATER, Sverige
Breed of cat Maine Coon		Phone (including country code) +46 070 848 9907
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email maria.daniels@hotmail.com
Born (year-month-day) 2018 05 16		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 _____
Sire SE* Valistero's broer L0 328 089		
Dam Chelone Il buardiano* II L0 343 083		Examination date (year-month-day) 2019-10-29
Examination		Examination equipment GE Vivid E90
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No
Weight <u>4.12</u> kg BCS <u>5</u> Heart rate <u>197</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 _____		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
ECG Heart Frequency _____ IVSd <u>0.35</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.39</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.67</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>1.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.77</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>451</u> Ao <u>0.9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>0.9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.0</u>		
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 _____ Date <u>29/10-19</u>		Veterinarian's name, clinic's name and address: Elisabeth Jakobsson Leg. Veterinär  Falu Djursjukhus Samuelsdalsvägen 2 B 791 61 FALUN Tfn: 023-646 10 Fax: 023-640 34
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 BÖRLÄNGE, Sweden		



AniCura

FALU DJURSJKHUS
FALUN | BORLANGE | LUDVKA

Falu Djursjukhus AB **Samuelsdalsvägen 2 B**
 Telefon 023-646 10 **791 61 FALUN**
 Godkänd för F-skatt **Org.nr. 556603-4061**
 Styrelsens säte i Falun **Momsreg.nr. SE556603406101**

Intyg

2019-10-29

Journalnummer: 19/4540
 Namn: Shadow
 Djurslag: Katt
 Ras: Maine Coon
 Kön: Hona
 Född: 2018-05-16
 ID.nr: 752098100901250
 Försäkringsbolag: Agria
 Försäkringsnr:

Ägare: Daniels Maria
 Gatadress: Bispberg 21
 Adress: 783 90 SÄTER

Navelbräcksintyg

På uppdrag av: djurägare Maria Daniels

Härmed intygas att ovan angivna djur ej har och såvitt det nu kan bedömas ej haft navelbräck.

Chipnummer: 752098100901250

Djurets fullständiga namn enligt stamtavla: SE*Bispbergs Mighty Shadow

AniCura Falu Djursjukhus

Datum: 2019-10-29

Elisabeth Jakobsson
 Leg. Veterinär



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