



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 RUBY CHANTALL LAVENDER		BRETANT NATHALIE
Registration number CATW-0000109/2023M (LOOF RIEX2)		Address 5 IMPASSE DES COMICES
ID number, microchip or tattoo 040093400020765		Post code/City/State 91630
Breed of cat RAGDOLL		Country CHEPTAINVILLE
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) +33)6.86.61.07.41
Born (year-month-day) 27/10/2023		Email contact@clenatal.com
Sire CHICCO OF BABILA		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>[Signature]</i> Date 29/10/2024
Dam RUBY CHANTALL MYSTIQUE		
Examination		Examination date (year-month-day) 2024-10-29
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment GE VE 90
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight 4,450 kg BCS 5 Heart rate 140 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 140 IVSd 3,6 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 16,7 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4,0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6,8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 6,8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 59,1 Ao 9,6 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 8,5 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 0,88		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 Normal pulsed tissue Doppler.
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 2024/10/29		
		Veterinarian's name, clinic's name and address VOUSSENI GOUNI Docteur Vétérinaire Spécialiste en Cardiologie - Dipl. ECVIM-CA (Cardiology) Centre Hospitalier Vétérinaire ADVETIA 9 av. Louis Breguët - 78140 Vélizy-Villacoublay Tél. : 01 75 45 91 09 - gouni@advetia.fr N° d'ordre : 19096