



HCM/RCM screening within health programme

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

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Patient Information		Owner's name ANNA TANINACHUDABA	
Cat's registered name SAMIYA CHAN PERLA ANNARU		Address UL. TASMINOWA 11	
Registration number (P) FD LO M4586		Post code/City/State 60-431 TANCZEW	
ID number, microchip or tattoo 616093300284029		Country POLSKA	
Breed of cat MCO		Phone (including country code)	
☐ Male ☐ Not altered ☒ Female ☐ Altered		Email	
Born (year-month-day) 2017-02-10		I have read PawPeds' instructions for HCM screening and 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form.	
Sire ASTON VESTIN PERKA ANNARU * PL		Signature <i>[Signature]</i>	
Dam CHANTAL YORIE DE SUDEN BLAZING. (P)		Date 12.04.2019	
Examination		Examination date (year-month-day) 2019-04-12	
Sedated ☐ Yes, with: ☒ No		Examination equipment ALOKA - HITACHI F 37	
On medication ☐ Yes, with: ☒ No			
Weight 6.2 kg Heart rate 198 bpm ☐ Dehydrated ☐ Pregnant ☐ Lactating ☐ Other, describe		Auscultation: ☒ Normal ☐ Gallop ☐ Murmur, characteristics Grade: I II III IV V VI ☐ Dynamic ☐ Static Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe	
IVSd 3.6 ☐ cm ☒ mm ☒ M-mode ☐ 2-D LVIDd 17.6 ☒ M-mode ☐ 2-D LVFWd 3.6 ☒ M-mode ☐ 2-D IVSs 5.5 ☒ M-mode ☐ 2-D LVIDs 8.6 ☒ M-mode ☐ 2-D LVFWs 7.0 ☒ M-mode ☐ 2-D SF 51.5% Ao 10.0 ☐ M-mode ☒ 2-D LA 12.7 ☐ M-mode ☒ 2-D LA/Ao 1.27		Subjective left atrial size ☒ Normal ☐ Mild enlargement ☐ Moderate enlargement ☐ Severe enlargement Systolic anterior motion of the mitral valve ☐ yes ☒ no If yes, LV outflow tract flow velocity (Doppler) 0.72 End-systolic cavity obliteration ☐ yes ☒ no Papillary muscles ☒ Normal ☐ Abnormal, moderate enlargement ☐ Abnormal, severe enlargement	
Assessment (based on phenotype)		Comments Bez uwag / No comments	
☒ Normal ☐ Equivocal ☐ HCM ☐ Mild ☐ Moderate ☐ Severe ☐ RCM ☐ Other, describe			
Veterinarian		Veterinarian's name, clinic's name and address	
PawPeds' examination instructions has been followed Cat's identity verified: ☒ yes ☐ no, describe why not Signature <i>[Signature]</i> Date 12.04.2019		Specjalistyczna Przychodnia Weterynaryjna Daniel Figiel ul. Mickiewicza 8, 74-320 Barlinek tel. +48 (95) 746 22 50 NIP 766-182-38-60, REGON 211296678	



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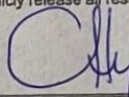
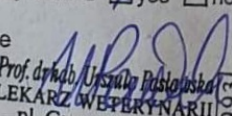
Patient Information Cat's registered name: <u>ROMIT MAG MELL*PL</u> Registration number: <u>(PL)EPL LO M5ARG</u> ID number, microchip no.: <u>900164001450370</u> Breed of cat: <u>MCO</u> ☒ Male ☐ Not altered ☐ Female ☐ Altered Born (year-month-day): <u>2017-02-02</u> Sex: <u>BELLO PROMYCEK*PL</u> Dam: <u>MAEVE MAG MEL*PL</u>		Owner's name: <u>ANNA JARINA CHUDABA</u> Address: <u>UL. JASMINOWA 11</u> Post code/City: <u>66-431 TANCREWO</u> Country: <u>POLSKA</u> Phone (including country code): Email: I have read PawPeds' instructions for HCM screening and 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature: <u>[Signature]</u> Date: <u>2019-04-12</u> Examination date (year-month-day): <u>2019-04-12</u>	
Examination Sedated: ☐ Yes, with: ☒ No On medication: ☐ Yes, with: ☒ No Weight: <u>9.7</u> kg Heart rate: <u>192</u> bpm ☐ Dehydrated ☐ Pregnant ☐ Lactating ☐ Other, describe: Auscultation: ☒ Normal ☐ Gallop ☐ Murmur, characteristics: Grade: I II III IV V VI ☐ Dynamic ☐ Static Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe:		Examination equipment: <u>ALOKA - HITACHI F37</u> Subjective left atrial size: ☒ Normal ☐ Mild enlargement ☐ Moderate enlargement ☐ Severe enlargement Systolic anterior motion of the mitral valve: ☐ yes ☒ no If yes, LV outflow tract flow velocity (Doppler): <u>1.01</u> End-systolic cavity obliteration: ☐ yes ☒ no Papillary muscles: ☒ Normal ☐ Abnormal, moderate enlargement ☐ Abnormal, severe enlargement	
IVSd: <u>3.7</u> ☐ cm ☒ mm ☒ M-mode ☐ 2-D LVIDd: <u>20.1</u> ☒ M-mode ☐ 2-D LVFWd: <u>3.2</u> ☒ M-mode ☐ 2-D IVSs: <u>7.2</u> ☒ M-mode ☐ 2-D LVIDs: <u>10.7</u> ☒ M-mode ☐ 2-D LVFWs: <u>5.8</u> ☒ M-mode ☐ 2-D SF: <u>47.1</u> Ao: <u>11.3</u> ☐ M-mode ☒ 2-D LA: <u>14.8</u> ☐ M-mode ☒ 2-D LA/Ao: <u>1.31</u>		Assessment (based on phenotype) ☒ Normal ☐ Equivocal ☐ HCM ☐ Mild ☐ Moderate ☐ Severe ☐ RCM ☐ Other, describe:	
Veterinarian PawPeds' examination instructions has been followed Cat's identity verified: ☒ yes ☐ no, describe why not: Signature: <u>[Signature]</u> Date: <u>2019-04-12</u>		Veterinarian's name, clinic name and address: Specjalistyczna Przychodnia Weterynaryjna Daniel Figiel ul. Mickiewicza 8, 74-320 Barlinek tel. +48 (95) 746 22 50 NIP 766-182-38-60, REGON 211298678	
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ångströmsvägen 1 Bånsa, SE-781 95 BORLÅNGE, Sweden			



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Patient Information Cat's registered name UCIECHA LAVERITTA Registration number (PL) FPL RX 157073 ID number, microchip or tattoo 616093900679291 Breed of cat MCO ☒ Male ☐ Not altered ☐ Female ☐ Altered Born (year-month-day) 2019-02-28 Sire RO-RIO LAGUNA LEO Dam ORIANA LAVERITTA		Owner's name ANNA TANINA QFUDABA Address UL. TASMINOVA 11 Post code/City/State 66-431 JANCZEWO Country POLSKA Phone (including country code) 608 086 859 Email I have read PawPeds' instructions for HCM screening and are 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature  Date 2020.02.14	
Examination Sedated ☐ Yes, with: ☒ No On medication ☐ Yes, with: ☒ No Weight 5 kg Heart rate 205 bpm ☐ Dehydrated ☐ Pregnant ☐ Lactating ☐ Other, describe Auscultation: ☒ Normal ☐ Gallop ☐ Murmur, characteristics Grade: I II III IV V VI ☐ Dynamic ☐ Static Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe		Examination date (year-month-day) 2020-02-14 Examination equipment SonoScope P50	
IVSd 0.45 ☒ cm ☐ mm ☒ M-mode ☐ 2-D LVIDd 1.57 ☒ M-mode ☐ 2-D LVFWd 0.41 ☒ M-mode ☐ 2-D IVSs 0.51 ☒ M-mode ☐ 2-D LVIDs 1.04 ☒ M-mode ☐ 2-D LVFWs 0.51 ☒ M-mode ☐ 2-D SF 34 Ao 0.83 ☐ M-mode ☒ 2-D LA 1.13 ☐ M-mode ☒ 2-D LA/Ao 1.36		Subjective left atrial size ☒ Normal ☐ Mild enlargement ☐ Moderate enlargement ☐ Severe enlargement Systolic anterior motion of the mitral valve ☐ yes ☐ no If yes, LV outflow tract flow velocity (Doppler) 0.82 m/s End-systolic cavity obliteration ☐ yes ☒ no Papillary muscles ☒ Normal ☐ Abnormal, moderate enlargement ☐ Abnormal, severe enlargement	
Assessment (based on phenotype) ☒ Normal ☐ Equivocal ☐ HCM ☐ Mild ☐ Moderate ☐ Severe ☐ RCM ☐ Other, describe		Comments Bozny miesiąc brodawkowy bandziej hyperechogeniczny niż poprzedni	
Veterinarian PawPeds' examination instructions has been followed Cat's identity verified ☒ yes ☐ no, describe why not Signature  Date 2020-02-14 Prof. dr hab. Urszula Paszko LEKARZ WETERYNARIJ pl. Grunwaldzki 47 50-366 Wrocław		Veterinarian's name, clinic's name and address Specjalistyczna Przychodnia Weterynaryjna Daniel Figiel ul. Mickiewicza 8, 74-320 Barlinek tel. +48(95) 746 22 50 NIP 766 182 38 60, REGON 211296678	

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