



Patientinformation		
Kattens namn i stamtavlan <i>St Bir mastans Hamma hos Julia</i>	Ras <i>Helig Birma</i>	Född (åååå-mm-dd) <i>2011-11-16</i>
Registreringsnummer <i>LD 287030</i>	ID-nummer <i>96800000 5784780</i>	<input type="checkbox"/> Hane <input checked="" type="checkbox"/> Okastrerad <input checked="" type="checkbox"/> Hona <input type="checkbox"/> Kastrerad
Far <i>St Bir mastans Amorbos</i>	Mor <i>CH St Sacred Heart's Frosty Rose</i>	
Ägare <i>Suzanne Fors</i>	E-post <i>Suzanne.fors@gmail.com</i>	Telefonnummer <i>070 5002727</i>
Adress <i>Lyckogården 60 13554 Jynresö</i>		
Veterinärinformation		
Namn <i>Eva Adolfsson</i>	Undersökningsdatum <i>2014-07-25</i>	Undersökningsutrustning <i>CF5 Philips CX50</i>
Fysisk undersökning		
Katten måste vara ID-märkt med tatuering eller mikrochip. Är kattens ID-märkning kontrollerad <input checked="" type="checkbox"/> Ja <input type="checkbox"/> Nej		
<input type="checkbox"/> Uttorkad <input type="checkbox"/> Dräktig <input type="checkbox"/> Digivande		
<input type="checkbox"/> Annat: _____ Vikt: _____ kg		
Kommentar:		
Ultraljudsundersökning		
Höger njure	Vänster njure	
Storlek: <i>3.23 cm</i>	Storlek: <i>3.06 cm</i>	
Form: <i>u.g (utan anmärkning)</i>	Form: <i>u.g</i>	
Förhållande bark-märg: <i>u.g</i>	Förhållande bark-märg: <i>u.g</i>	
Ekotäthet i bark-märg: <i>u.g</i>	Ekotäthet i bark-märg: <i>u.g</i>	
Blodprovsanalys		
(tages bara vid pavisad njurforändring vid ultraljudsundersökning)		
[Referensvärden] Creatinin: _____ <input type="checkbox"/> Haematokrit: _____ <input type="checkbox"/> Hyperthyreoidism: _____ <input type="checkbox"/>		
Resultat / Diagnos		
<input checked="" type="checkbox"/> Normal u.a	Kommentar:	
<input type="checkbox"/> Gränsfall		
<input type="checkbox"/> Njurfel		
Signatur		
Ort och datum <i>Västerås 2014-07-25</i>	Veterinärens underskrift <i>[Signature]</i>	

Aros VeterinärCentrum
Olof Palmes Torg 10
723 34 Västerås

Anm.: Ännu finns inget officiellt hälsoprogram vad gäller njurarna på birmor men använd gärna denna blankett vid scanning och spar en kopia till dig själv så kan dina resultat användas i framtiden.



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 Suzanne Fors
Cat's registered name S* Bir mastaus Amigos Julia		Address Lynchogängen 60
Registration number L0283030		Post code/City/State 135 54 Tyresö
ID number, microchip or tattoo 96800 0005784782		Country Sweden
Breed of cat Sacred Birman		Phone (including country code) 0046 703002727
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email Suzanne.fors@gmail.com
Born (year-month-day) 2011 11 16		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 _____ Date 2014 07 25
Sire S* Bir mastaus Amigos		
Dam S* Sacred Heart's Frosty Rose		
Examination		Examination date (year-month-day) 2014-07-25
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment S12-Y Philips CX50
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>7.1</u> kg	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	
Heart rate <u>161</u> bpm	<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	
IVSd <u>0.344</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm	<input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
LVIDd <u>1.52</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
LVPWd <u>0.344</u>	<input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____
IVSs <u>0.548</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
LVIDs <u>0.829</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
LVPWs <u>0.561</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>45.4%</u>		
Ao <u>1.0</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <u>1.02</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA/Ao <u>1.01</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		
Veterinarian		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Eva Adolfsson Leg. veterinär Aros VeterinärCentrum Olof Palmes Torg 10 723 34 Västerås Sweden +46(0) 214749070
Signature 	Date 2014-07-25	

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