



HCM/RCM screening within health programme

NOTE! The pedigree needs to be registered in PawPeds' database before health testing.
Visit <https://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name James Simmons / Katherine Simmons	
Cat's registered name Cooncraft Septella of HalonaCoons		Address 3665 River Rd	
Registration number SBT 032025 050		Post code/City/State 44081/Perry/OH	
ID number, microchip or tattoo		Country United States	
Breed of cat Maine Coon		Phone (including country code) +1 (907) 750-9225	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email halonacoons@gmail.com	
Born (year-month-day) 2025-03-20		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 Pimacoon Apache Chief of Cooncraft			
Dam UA*Monterini Koko Of Cooncraft/FI			
Examination		Examination date (year-month-day)	
Sedated <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		Examination equipment	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight _____ kg BCS _____ Heart rate _____ 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 <u>238</u> IVSd <u>0.408</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.40</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.396</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.625</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.826</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.510</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF/EF <u>41/76</u> Ao <u>0.941</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>1.127</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.35</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) <u>25</u> 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 type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature Date 2-21-26		Veterinarian's name, clinic's name and address RAAH LIN	
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			