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

Cat's registered name CH HALONA COONS SILVER BELLE	**Owner's name** James Simmons / Katherine Simmons
Registration number 9737-03051445	**Address** 3665 River Rd
ID number, microchip or tattoo	**Post code/City/State** 44081/Perry/OH
	Country United States
Breed of cat Maine Coon	**Phone (including country code)** +1 (907) 750-9225

☐ Male ☐ Not altered
☒ Female ☒ Altered

Email halonacoons@gmail.com

Born (year-month-day) 2024-06-27

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.

Sire CH MAINE ALISA LJ OF HALONA COONS

Signature **Date**

Dam GC PALEENI BRISTOL BAY OF HALONA COONS

Examination

Examination date (year-month-day)

Sedated ☐ Yes, with: ☐ No

Examination equipment

On medication ☐ Yes, with: ☒ No

Weight _____ kg BCS _____

Heart rate _____ 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

ECG Heart Frequency __212__

IVSd	0.544	☒ cm ☐ mm	☐ M-mode ☐ 2-D
LVIDd	2.86		☐ M-mode ☐ 2-D
LVFWd	0.426		☐ M-mode ☐ 2-D
IVSs	0.884		☐ M-mode ☐ 2-D
LVIDs	1.56		☐ M-mode ☐ 2-D
LVFWs	0.646		☐ M-mode ☐ 2-D
SF /EF	45/98		
Ao	0.943		☐ M-mode ☐ 2-D
LA	1.24		☐ M-mode ☐ 2-D
LA/Ao	1.31		

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) __82__

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

PawPeds' examination instructions has been followed
Cat's identity verified ☐ yes ☐ no, describe why not

Veterinary's signature **Date** 2-21-26

Veterinarian's name, clinic's name and address RHDNLIN

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 BORLÄNGE, Sweden

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