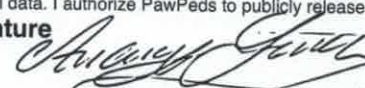




HCM/RCM screening within health programme

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
Cat's registered name AtlanticAcadia Purple Rain		Anders Gisle Larsson
Registration number (DK)FD LO 252616		Address Bakkevej 3
ID number, microchip or tattoo 276098108901882		Post code/City/State 8960 Randers SØ
Breed of cat Maine Coon		Country DK
☒ Male ☒ Not altered ☐ Female ☐ Altered		Phone (including country code) +45 31669696
Born (year-month-day) 2025-08-01		Email info@mainecoon.dk
Sire Atlantic Acadia's Northern Star		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 20260923
Dam Uniqua Izumi vom Zeitgrund		
Examination		Examination date (year-month-day) 28-09-2026
Sedated ☐ Yes, with: ☒ No		Examination equipment GE Vivid E90, 6 MHz
On medication ☐ Yes, with: ☒ No		
Weight <u>7,15</u> kg BCS <u>5/9</u> Heart rate <u>180</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
ECG Heart Frequency <u>188</u> IVSd <u>4,31</u> ☐ cm ☒ mm ☐ M-mode ☒ 2-D LVIDd <u>17,98</u> ☐ M-mode ☒ 2-D LVFWd <u>4,27</u> ☐ M-mode ☒ 2-D IVSs <u>6,21</u> ☐ M-mode ☒ 2-D LVIDs <u>9,06</u> ☐ M-mode ☒ 2-D LVFWs <u>6,21</u> ☐ M-mode ☒ 2-D SF <u>49%</u> Ao <u>10,70</u> ☐ M-mode ☒ 2-D LA <u>12,30</u> ☐ M-mode ☒ 2-D LA/Ao <u>1,14</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) _____ End-systolic cavity obliteration ☐ yes ☒ no Papillary muscles ☒ Normal ☐ Abnormal, moderate enlargement ☐ Abnormal, severe enlargement
Assessment (based on phenotype)		Comments
☒ Normal ☐ Equivocal ☐ HCM ☐ Mild ☐ Moderate ☐ Severe ☐ RCM ☐ Other, describe		
PawPeds' examination instructions has been followed Cat's identity verified ☒ yes ☐ no, describe why not Veterinary's signature  Date 28.09.26		Veterinarian's name, clinic's name and address SILKEBORG DYREHOSPITAL Dyrlæge Regitze Møller-Nissen Brokbjergvej 6 - 8600 Silkeborg Tlf. 86 82 70 00
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 BORLÄNGE, Sweden		