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| Patient Information | | Owner's name Francis van Arkel |
| Cat's registered name Darya-Ye Noor van Moya Dorogaya | | Address Hanikerweg 24 |
| Registration number BKV94-110252 | | Post code/City/State 5943 NB Lomm |
| ID number, microchip or tattoo 528246002082633 | | Country The Netherlands |
| Breed of cat Siberische Kat | | Phone (including country code) +31-6-51947005 |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered | | Email francis@van-arkel.nl |
| Born (year-month-day) 2011-03-11 | | I have read PawPeds' instructions for HCM screening and are 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature _____ Date 2014 07 29 |
| Sire Bubastis' Cullinan | | |
| Dam Lena van Moya Dorogaya | | |
| Examination | | |
| Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination date (year-month-day) 2014 07 29 |
| On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination equipment Echocardiography Vit Gold |
| Weight <u>4.2</u> kg | Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics | |
| Heart rate <u>178</u> bpm | Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static | |
| <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant | Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous | |
| <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____ | Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe _____ | |
| IVSd <u>3.7</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input 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>14.3</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 | |
| LFWd <u>3.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | If yes, LV outflow tract flow velocity (Doppler) _____ | |
| IVSs <u>5.5</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>8.1</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 | |
| LFWs <u>5.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | |
| SF <u>30</u> | | |
| Ao <u>10.2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D | | |
| LA <u>11.6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D | | |
| LA/Ao <u>1.1</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 _____ Signature _____ Date 2014 07 29 | | |

Resultaten van hypertrofische cardiomyopathie screening
Patienten informatie

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|---|--------------------------------------|---|--|
| Stamboom kat: DOROXYA DARYA-4E NOOR VAN MOYA | | Ras: SIBERISCHE KAT | Geboorte datum: 11-03-2011 |
| Stamboomnummer: BKV 94-110252 | | Chipnummer: 528246002082633 | <input type="checkbox"/> kater <input type="checkbox"/> intact <input checked="" type="checkbox"/> poes <input type="checkbox"/> intact |
| Naam vader: BUBASTIS' CULLINAN | | Naam moeder: LENA VAN MOYA DOROXYA | |
| Eigenaar: FRANCIS VAN TRICEL | E-mail: FRANCIS@VAN-TRICEL.NL | Telefoonnummer: 06-51947005 | |
| Adres: HANIKERWEG 24, 5943 NB LOMH | | | |
| Ik geef toestemming de resultaten van het onderzoek te publiceren op een openbare lijst. <input type="checkbox"/> ja <input type="checkbox"/> nee Datum: _____ Handtekening: _____ | | | |

Klinisch onderzoek

| | |
|---|---|
| Gewicht: 4,2 kg | Auscultatie: |
| Hartfrequentie: 178 bpm | <input checked="" type="checkbox"/> Normaal <input type="checkbox"/> Galop |
| <input type="checkbox"/> Gedehydrateerd <input type="checkbox"/> Drachtig | Bijgeruis; kenmerken: |
| <input type="checkbox"/> Zogend <input type="checkbox"/> Andere; beschrijf: | <input type="checkbox"/> ja <input checked="" type="checkbox"/> nee |
| | Graad: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI |
| Opmerkingen: | |

Echocardiogram

| M-mode: | SAX | LAX | 2-D: |
|--------------|-------------|-------------|---|
| IVSd: | 2,8 | 3,7 | IVSd (LAX): 3,4 |
| LVVD: | 14,0 | 14,5 | LVWd (LAX): 3,4 |
| LVWd: | 3,2 | 3,7 | AO (SAX): 10,2 |
| IVSs: | 5,4 | 5,6 | LA (SAX): 11,6 |
| LVDs: | 8,8 | 9,5 | LA/AO (SAX): 1,1 |
| LVWs: | 5,7 | 6,4 | Systolic anterior motion mitralisklep: |
| FS%: | 37% | 42% | <input type="checkbox"/> ja <input checked="" type="checkbox"/> nee |
| AO: | | | Eind-systolische LV obliteratie: |
| LA: | | | <input type="checkbox"/> ja <input checked="" type="checkbox"/> nee |
| LA/AO: | | | Vmax aorta: _____ m/sec |
| | | | Papillair spieren: |
| | | | <input checked="" type="checkbox"/> Normaal |
| | | | <input type="checkbox"/> Abnormaal, matig verdikt |
| | | | <input type="checkbox"/> Abnormaal, ernstig verdikt |
| Opmerkingen: | | | |

Conclusie onderzoek

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|---|--------------|
| Een normaal onderzoek vandaag sluit NIET uit dat HCM in de toekomst kan ontwikkelen. | |
| <input checked="" type="checkbox"/> Normaal <input type="checkbox"/> Verdacht van HCM <input type="checkbox"/> HCM: <input type="checkbox"/> mild <input type="checkbox"/> matig <input type="checkbox"/> ernstig | Opmerkingen: |

Advies voor heronderzoek

| | | | |
|-------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Geen | <input type="checkbox"/> Over 6 maanden | <input checked="" type="checkbox"/> Over 1 jaar | <input type="checkbox"/> Over 2 jaar |
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Informatie Dierenarts

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|---|---------------------------------------|--|--|
| Naam en adres: Hanneke van Meeuwen Kliniek voor Gezelschapsdieren Hint 16b 5521 AH Eersel Nederland | Datum onderzoek: 29/07/2014 | Handtekening:  | Merk en type echoapparaat: Hint 16b Mylab 30 Vet 5521 AH Eersel Holland +31(0)497 - 51.80.00 |
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