



Patient Information		Owner's name
Cat's registered name Chilla van Sippenstein		Francis van Arkel
Registration number NRKV 2007-0450		Address Hanikerweg 24
ID number, microchip or tattoo 528210000774903		Post code/City/State 5943 NB
Breed of cat Siberian Cat		Country Lomm
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) +31-6-51947005
Born (year-month-day) 2007-05-4		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 15/3/12
Sire Flesz Duma Cara		
Dam Dusia Dauria		
Examination		Examination date (year-month-day) 2012-03-05
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Aloka SSD5500 7.5 MHz phased array
On medication <input checked="" type="checkbox"/> Yes, with: for car sickness? <input type="checkbox"/> No		
Weight <u>4,3</u> kg Heart rate <u>122</u> bpm	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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
IVSd <u>4,2</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16,0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4,6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6,9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7,2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7,4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>55</u> Ao <u>9,0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>11,3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1,3</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) _____ 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)		Comments moderator band
<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 2012-03-05		Drs. M. Vink-Nooteboom de WAGENRENK veterinaire specialistisch centrum Keijenbergseweg 18 6705 BN Wageningen, The Netherlands Tel. +31 (0)317 419 1207 fax +31 (0)317 420 480