



HCM/RCM screening within health programme
 Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>
 Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Francis van Arkel
Cat's registered name Leia Leilani van Moya Dorogaya		Address Hanikerweg 24
Registration number BKV94-140258		Post code/City/State 5943 NB Lomm
ID number, microchip or tattoo 528210004082245		Country The Netherlands
Breed of cat Siberian Cat		Phone (including country code) 0031-6 51 94 70 05
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email francis@van-arkel.nl
Born (year-month-day) 29 March 2014		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 31-3-2015
Sire Eur. Ch. Timo the Kindly Nature		
Dam Ch. Julie Fowlis van Moya Dorogaya		
Examination		Examination date (year-month-day) 2015-03-31
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Mindray Mg P10-4S
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>3.3</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 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>3.6</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>13.5</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
LVPWd <u>3.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		If yes, LV outflow tract flow velocity (Doppler) _____
IVSs <u>5.7</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>6.1</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
LVPWs <u>5.1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>55</u>		
Ao <u>7.9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>10</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1.3</u>		
Assessment (based on phenotype)		Comments <u>no</u>
<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 <u>Drs. M. Vink-Nookeboom</u> Specialistisch Centrum De Wagenrenk Keijzenbergseweg 18 6705 BN Wageningen tel: 0317 - 419120 www.wagenrenk.com
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Signature _____ Date <u>2015-03-31</u>		
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		