



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 Rafi Zabor van Moya Dorogaya		Address Hanikerweg 24
Registration number BKV94-120534		Post code/City/State 5943 NB Lomm
ID number, microchip or tattoo 528246002162855		Country The Netherlands
Breed of cat Siberian Cat		Phone (including country code) 0031-6 51 94 70 05
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email francis@van-arkel.nl
Born (year-month-day) 28 July 2012		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 Gr.Int.Ch. Delicious Cat Lukian		
Dam Ch. Chilla van Sippenstein		
Examination		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2015-03-31
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Mindray Mg P10-45
Weight <u>4,3</u> kg	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
Heart rate <u>134</u> bpm	<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	
IVSd <u>4,7</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 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
LVIDd <u>15</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWd <u>4,2</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
IVSs <u>6,6</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <u>8,0</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWs <u>6,8</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>46</u>		
Ao <u>9,6</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <u>12</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 - Nootboom</u>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature _____ Date 2015-03-31		Veterinair Specialistisch Centrum De Wagenrenk Keijenbergseweg 18 6705 BN Wageningen tel: 0317 - 419120 www.wagenrenk.com
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		