



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 Nala van Moya Dorogaya		Address Hanikerweg 24
Registration number BKV94-150269		Post code/City/State 5943 NB Lomm
ID number, microchip or tattoo 528210004267280		Country The Netherlands
Breed of cat Neva Masquerade		Phone (including country code) 0031-6-51947005
<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) 2015-04-20		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 2016-04-21
Sire Eur.Ch. Rafi Zabor van Moya Dorogaya		
Dam Int. Iva Yalena van Moya Dorogaya		
Examination		Examination date (year-month-day) 2016-04-21
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>4.0</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate <u>183</u> bpm	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Dehydrated <input checked="" 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>4.4</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>15.6</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>6.2</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>8.0</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>6.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>49%</u>		
Ao <u>9.7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>12.6</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. Vinh - Nooteboom</u> Veterinair Specialistisch Centrum De Wagenrenk Keijenbergseweg 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 2016-04-21		
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		