



# 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

<b>Patient Information</b>		Owner's name Francis van Arkel	
Cat's registered name Lina Locchi van Moya Dorogaya		Address Hanikerweg 24	
Registration number BKV94-160153		Post code/City/State 5943 NB Lomm	
ID number, microchip or tattoo 528210004418245		Country The Netherlands	
Breed of cat Siberian Cat		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) 2016-03-09		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. <b>Signature</b> <i>[Signature]</i> <b>Date</b> 2019-02-05	
Sire Eur.Ch. Timo the Kindly Nature			
Dam Gr.Int.Ch. Darya-ye Noor van Moya Dorogaya			
<b>Examination</b>		Examination date (year-month-day) 2019-02-05	
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>4.3</u> kg BCS <u>—</u> Heart rate <u>183</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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		
ECG Heart Frequency <u>—</u> IVSd <u>4.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.0</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>5.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>62%</u> Ao <u>8.5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>10.1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.2</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		
<b>Assessment (based on phenotype)</b> <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		Comments <u>no</u>	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not <b>Veterinary's signature</b> <i>[Signature]</i> <b>Date</b> 2019-02-05		Veterinarian's name, clinic's name and address <u>Drs. M. Vink-Nooteboom</u>  Veterinair Specialistisch Centrum De Wagenrenk Zeeburgseweg 18 3705 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 Bänsa, SE-781 95 BORLÄNGE, Sweden			