



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
Cat's registered name <i>Nyne Mauman van Moga Derogaya</i>		<i>Francis van Arkel</i>
Registration number <i>BkV94-186395</i>		Address <i>Hanikerweg 24</i>
ID number, microchip or tattoo <i>528210004863400</i>		Post code/City/State <i>5943 NB Zomm</i>
Breed of cat <i>Siberian Cat</i>		Country <i>The Netherlands</i>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) <i>+31 6 51944005</i>
Born (year-month-day) <i>2018-06-23</i>		Email <i>francis@van-arkel.nl</i>
Sire <i>GIC Bjor Valentino van Moga Derogaya</i>		I have read PawPeds' instructions for HCM screening. I am 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 by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form. Signature <i>[Signature]</i> Date <i>3 Sept 19</i>
Dam <i>Yoly Indiana van Meija</i>		
Examination		Examination date (year-month-day) <i>2019-09-03</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Mindray Mg P10-4s</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>3.8</i> kg BCS <i>-</i>	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <i>183</i> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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 <i>-</i>	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	
IVSd <i>3.7</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVIDd <i>15.5</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVPWd <i>4.0</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
IVSs <i>5.3</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVIDs <i>9.9</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVPWs <i>5.7</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <i>36%</i>		
Ao <i>9.5</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <i>11.4</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <i>1.2</i>		
Assessment (based on phenotype)		Comments <i>no.</i>
<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		
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address <i>Drs. M. Vink - Nootboom</i>
Veterinary's signature <i>[Signature]</i> Date <i>2019-09-03</i>		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, Ängsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden		