



# 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 <i>Francis van Arkel</i>
Cat's registered name <i>Sibirzapada Odin</i>		Address <i>Hanikerweg 24</i>
Registration number <i>SBT 081018 005</i>		Post code/City/State <i>5943 NB Lomm</i>
ID number, microchip or tattoo <i>981020000252673</i>		Country <i>The Netherlands</i>
Breed of cat <i>Siberian Cat</i>		Phone (including country code) <i>+31 6 51947005</i>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>francis@van-arkel.nl</i>
Born (year-month-day) <i>2018-10-08</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. <b>Signature</b> <i>[Signature]</i> <b>Date</b> <i>3 sept '19</i>
Sire <i>Cica Yuni Zhenikhouich</i>		
Dam <i>Haileg Goutspruo Sibanna</i>		
<b>Examination</b>		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 P10-45</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>3.8</i> kg    BCS _____	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 <i>168</i> bpm		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
ECG Heart Frequency _____	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement	
IVSd <i>4.2</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <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	
LVIDd <i>14.8</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
LVFWd <i>4.2</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
IVSs <i>7.0</i> <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	
LVIDs <i>6.5</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVFWs <i>7.6</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <i>56%</i>		
Ao <i>9.1</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <i>11.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <i>1.3</i>		
<b>Assessment (based on phenotype)</b>	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>Dr. M. Vink-Nooteboom</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 <a href="http://www.wagenrenk.com">www.wagenrenk.com</a>	
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		