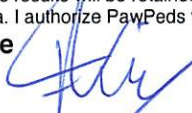

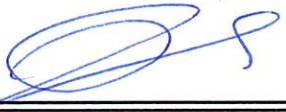




HCM/RCM screening within health programme

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 Vanya Yalena van Moya Dorogaya		Address Hanikerweg 24
Registration number BKV94-170250		Post code/City/State 5943 NB Lomm
ID number, microchip or tattoo 528210004477760		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) 2017-05-03		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  Date 2020-03-23
Sire WC Osip		
Dam Ch Nala van Moya Dorogaya		
Examination		Examination date (year-month-day) 2020-march-20
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment SE vivid Q BT12
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>5.0</u> kg BCS <u>3/5</u> Heart rate <u>174</u> bpm <input type="checkbox"/> Dehydrated <input checked="" 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>190</u> IVSd <u>3.83</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>17.88</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.61</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>7.12</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>9.12</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.57</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>49%</u> Ao <u>8.15</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>14.28</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.75</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
Assessment (based on phenotype) <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
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature  Date 23-march-2020		Veterinarian's name, clinic's name and address Dr. Nieh Beijerinck 
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		