






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 Bunyenyeri's Belias Baron | | Address Hanikerweg 24 |
| Registration number NCT A2019-2538 | | Post code/City/State 5943 NB Lomm |
| ID number, microchip or tattoo 528246003019605 | | Country The Netherlands |
| Breed of cat Siberian Cat | | Phone (including country code) +31-6-51947005 |
| <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered | | Email francis@van-arkel.nl |
| Born (year-month-day) 2019-04-26 | | I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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-March-23 |
| Sire GIC Tayozhny-Kray Clavka | | |
| Dam Gilda of Benirina | | |
| Examination | | Examination date (year-month-day) 2020-March-23 |
| Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination equipment SE vivid A BT12 |
| On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | |
| Weight <u>4.5</u> kg BCS <u>3/5</u> Heart rate <u>180</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>200</u> IVSd <u>3.56</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.06</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.83</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.66</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>10.22</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>5.47</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>36%</u> Ao <u>9.25</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>10.63</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.15</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 No echographic evidence of polycystic kidney disease or chronic renal insufficiency |
| 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 2020-March-23 | | Veterinarian's name, clinic's name and address Dr. Nieh Beijerink  |
| 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 BÖRLÄNGE, Sweden | | |