






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 Sharmel Serebryanaya Mechta		Address Hanikerweg 24
Registration number WFA-RU-05-200319-264-LO-SIB		Post code/City/State 5943 NB Lomm
ID number, microchip or tattoo 643099000763791		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) 2010-03-20		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 Ozar Serebryanaya Mechta		
Dam Sibirskaya Znat Halva		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2020-march-23
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment JE vivid Q BT12
Weight <u>3.5</u> kg BCS <u>3/5</u> Heart rate <u>184</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>213</u> IVSd <u>3.94</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>17.96</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.50</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>4.09</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>10.95</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>5.11</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>39%</u> Ao <u>8.75</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>14.32</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.64</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)		Comments
<input 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		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. Niek Beijersma 
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 BORLÄNGE, Sweden		