
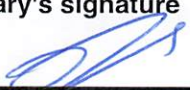
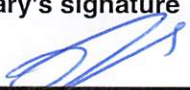




HCM/RCM screening within health programme

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 Hannah Yurika van Moya Dorogaya		Address Hanikerweg 24	
Registration number BKV94-180288		Post code/City/State 5943 NB Lomm	
ID number, microchip or tattoo 528210004794513		Country The Netherlands	
Breed of cat <i>Siberian</i>		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) 2018-04-26		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 <i>2024-June-29</i>	
Sire Sidimi Yurik			
Dam Ch. Leia Leilani van Moya Dorogaya			
Examination			
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>2024-June-29</i>	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>GE vivid & BT12</i>	
Weight <i>5.0</i> kg BCS <i>5/9</i> Heart rate _____ bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input checked="" type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Auscultation: <input 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 <i>149</i> IVSd <i>3.10</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>19.34</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>3.10</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>6.20</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>10.58</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>6.02</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>45%</i> Ao <i>9.64</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>13.72</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.42</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		
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 <i>2024-June-29</i>			
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 <i>2024-June-29</i>		Veterinarian's name, clinic's name and address <i>Dr. Mich Beijerinck</i> AniCura Specialistisch Verwijscentrum Haaglanden Frijdastraat 20a 2288 EZ Rijswijk Tel. 085 4831300	
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			