



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
Cat's registered name Timbercats Valley Olina Bliss		Francis van Arkel
Registration number NRKV 2023-0499		Address Hanikerweg 24
ID number, microchip or tattoo 518210006677296		Post code/City/State 5943 NB Lomm
Breed of cat <i>Siberian</i>		Country The Netherlands
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) +31 6 51947005
Born (year-month-day) 2023-05-02		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 Nenets Land Tibbe		
Dam De Luze van Moya Dorogaya		
Examination date (year-month-day) <i>2024-June-29</i>		
Examination		Examination equipment <i>SE vivid Q BT12</i>
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No
Weight <i>4.5</i> kg BCS <i>4/9</i> Heart rate <i>144</i> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input 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>175</i> IVSd <i>3.83</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>16.06</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>3.47</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>6.02</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>10.77</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>5.84</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>33%</i> Ao <i>8.58</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>11.18</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.30</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)		Comments <i>No echographic evidence of kidney disease (PhD, c/w)</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. Niek Beijersma</i> AniCura Specialistisch Verwijscentrum Haaglanden Frijdastraat 20a 2288 EZ Rijswijk Tel. 085-4831300
Veterinary's signature _____ Date <i>2024-June-29</i>		
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		