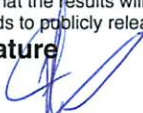





Patient Information		Owner's name Francis van Arkel
Cat's registered name Timo the Kindly Nature		Address Hanikerweg 24
Registration number 11-SIB-2708-02		Post code/City/State 5943 NB Lomm
ID number, microchip or tattoo 276098104175088		Country the Netherlands
Breed of cat Siberian Cat		Phone (including country code) 0031-651947005
<input checked="" type="radio"/> Male <input checked="" type="radio"/> Not altered <input type="radio"/> Female <input type="radio"/> Altered		Email francis@van-arkel.nl
Born (year-month-day) 2011-08-27		I have read PawPeds' instructions for HCM screening and are 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature  Date 2012-11-08
Sire Zalander Katjineva		
Dam Dun'Yasha Syberia		
Examination		
Sedated <input type="radio"/> Yes, with: <input checked="" type="radio"/> No		Examination date (year-month-day) 2012-11-08
On medication <input type="radio"/> Yes, with: <input checked="" type="radio"/> No		Examination equipment Aloka SSD-5500, 7.5 MHz phased array
Weight <u>4.8</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	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
Heart rate <u>175</u> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous	
IVSd <u>3.8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
LVIDd <u>12.8</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWd <u>4.2</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
IVSs <u>5.5</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <u>5.8</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWs <u>6.7</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>55</u>		
Ao <u>10.0</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <u>12.5</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA/Ao <u>1.3</u>		
Assessment (based on phenotype)		Comments <u>none</u>
<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		
Veterinarian		Veterinarian's name, clinic's name and address <u>Drs M. Vink-Nooteboom</u>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature  Date 2012-11-8		Veterinair Specialistisch Centrum De Wagenrenk Keijenbergseweg 18 6705 BN Wageningen tel: 0317 - 419120 www.wagenrenk.com

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