





Patient Information		Owner's name Francis van Arkel
Cat's registered name Cleopatra Kamaris		Address Hanikerweg 24
Registration number SNVK 13-04-056HL		Post code/City/State 5943 NB Lomm
ID number, microchip or tattoo 528246002266778		Country The Netherlands
Breed of cat Siberische Kat		Phone (including country code) +31-6-51947005
<input type="radio"/> Male <input checked="" type="radio"/> Not altered <input checked="" type="radio"/> Female <input type="radio"/> Altered		Email francis@van-arkel.nl
Born (year-month-day) 2013-02-01	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.	
Sire Gamlet Sariola	Signature  Date 2014.07.29	
Dam Noushka Kamaris		
Examination		Examination date (year-month-day) 2014.07.29
Sedated <input type="radio"/> Yes, with: <input checked="" type="radio"/> No	Examination equipment Esaote MyLab 30 Vet Gold	
On medication <input type="radio"/> Yes, with: <input checked="" type="radio"/> No		
Weight <u>4.9</u> kg Heart rate <u>166</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	
IVSd <u>3.5</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>15.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>12</u> Ao <u>8.8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>10.7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.2</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 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
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Signature  Date 2014.07.29		

Resultaten van hypertrofische cardiomyopathie screening
Patienten informatie

Stamboom kat: CLEOPATRA KATHARIS		Ras: SIBERISCHE KAT	Geboorte datum: 01-02-2013	
Stamboomnummer: SNVK 13-04-056 HL		Chipnummer: 528246002266778	<input type="checkbox"/> kater	<input type="checkbox"/> intact
			<input checked="" type="checkbox"/> poes	<input type="checkbox"/> intact
Naam vader: GAMLET STRIOLT		Naam moeder: NOUSHIK KATHARIS		
Eigenaar: FRANCIS VAN TRICEL		E-mail: FRANCIS@VAN-TRICEL.NL	Telefoonnummer: 06-51947005	
Adres: HANIKERWEG 24, 5943 NB LOHM				
Ik geef toestemming de resultaten van het onderzoek te publiceren op een openbare lijst.				
<input type="checkbox"/> ja		<input type="checkbox"/> nee		Datum: Handtekening:

Klinisch onderzoek

Gewicht: 4,9 kg		Auscultatie:	
Hartfrequentie: 166 bpm		<input checked="" type="checkbox"/> Normaal <input type="checkbox"/> Galop	
<input type="checkbox"/> Gedehydrateerd <input type="checkbox"/> Drachtig		Bijgeruis; kenmerken:	
<input type="checkbox"/> Zogend <input type="checkbox"/> Andere; beschrijf:		<input type="checkbox"/> ja <input checked="" type="checkbox"/> nee	
		Graad: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	
Opmerkingen:			

Echocardiogram

M-mode:	SAX	LAX	2-D:	
IVSd:	3,2	3,3	IVSd (LAX): <table border="1" style="display: inline-table;"><tr><td style="text-align: center;">3,8</td></tr></table>	3,8
3,8				
LVDd:	15,5	15,1	LVWd (LAX): <table border="1" style="display: inline-table;"><tr><td style="text-align: center;">3,8</td></tr></table>	3,8
3,8				
LVWd:	3,8	3,0	AO (SAX): <table border="1" style="display: inline-table;"><tr><td style="text-align: center;">8,0</td></tr></table>	8,0
8,0				
IVSs:	7,2	6,1	LA (SAX): <table border="1" style="display: inline-table;"><tr><td style="text-align: center;">10,7</td></tr></table>	10,7
10,7				
LVDs:	7,5	7,2	LA/AO (SAX): <table border="1" style="display: inline-table;"><tr><td style="text-align: center;">1,2</td></tr></table>	1,2
1,2				
LVWs:	6,0	6,3	Systolic anterior motion mitralisklep:	
FS%:	52	52,4	<input type="checkbox"/> ja <input checked="" type="checkbox"/> nee	
AO:		10,1	Eind-systolische LV obliteratie:	
LA:		11,3	<input type="checkbox"/> ja <input checked="" type="checkbox"/> nee	
LA/AO:		1,1	Vmax aorta: _____ m/sec	
			Papillair spieren:	
			<input checked="" type="checkbox"/> Normaal	
			<input type="checkbox"/> Abnormaal, matig verdikt	
			<input type="checkbox"/> Abnormaal, ernstig verdikt	
Opmerkingen:				


Conclusie onderzoek

<i>Een normaal onderzoek vandaag sluit NIET uit dat HCM in de toekomst kan ontwikkelen.</i>	
<input checked="" type="checkbox"/> Normaal	Opmerkingen:
<input type="checkbox"/> Verdacht van HCM	
<input type="checkbox"/> HCM: <input type="checkbox"/> mild <input type="checkbox"/> matig <input type="checkbox"/> ernstig	

Advies voor heronderzoek

<input type="checkbox"/> Geen	<input type="checkbox"/> Over 6 maanden	<input checked="" type="checkbox"/> Over 1 jaar	<input type="checkbox"/> Over 2 jaar
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Informatie Dierenarts

Naam en adres: Hanneke van Meeuwen Kliniek voor Gezelschapsdieren Hint 16b 5521 AH Eersel Nederland	Datum onderzoek: 29/07/2014	Merk en type echoapparaat: MyLab 30 Vet
Handtekening: 	Stempel: 5521 AH Eersel Holland	

+31 (0) 497 - 51 80 00

