Participating clubs: see http://www.pawpeds.com/healthprogrammes/hcmclubs.html
Visit http://www.pawpeds.com/healthprogrammes/ for more information

Patient Information

Cat's registered name: Bubastis' Cullinan
Registration number: BKV 94-090272
ID number, microchip or tattoo: 981100002228718
Breed of cat: Siberian Cat
☒ Male ☒ Not altered ☐ Female ☐ Altered
Born (year-month-day): 25 April 2009
Sire: Lurinat's Loengrin
Dam: NezhaSladkoe Pyatnyshko

Owner's name: Francis van Arkel
Address: Hanikerweg 24
Post code/City/State: 5943 NB Lomm
Country: The Netherlands
Phone (including country code): 06 - 51947005 (+31)
Email: francis@van-arkel.nl

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** 28-6-2011

Examination

Examination date (year-month-day): 2011-6-28
Sedated: ☐ Yes, with: ☒ No
Examination equipment: Aloka SSD 5500, 7,5 MHz
On medication: ☐ Yes, with: ☒ No

Weight: 5,5 kg
Heart rate: 191 bpm
☐ Dehydrated ☐ Pregnant ☐ Lactating ☐ Other, describe

Auscultation:
☒ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	4,4	☐ cm ☒ mm	☒ M-mode	☐ 2-D
LVIDd	16,4		☒ M-mode	☐ 2-D
LVFWd	4,8		☒ M-mode	☐ 2-D
IVSs	6,9		☒ M-mode	☐ 2-D
LVIDs	9,8		☒ M-mode	☐ 2-D
LVFWs	6,1		☒ M-mode	☐ 2-D
SF	40			
Ao	9,4		☒ M-mode	☐ 2-D
LA	13,1		☒ M-mode	☐ 2-D
LA/Ao	1,4			

Subjective left atrial size
☒ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no
If yes, LV outflow tract flow velocity (Doppler) _____
End-systolic cavity obliteration ☐ yes ☒ no

Papillary muscles
☒ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments: none

Veterinarian

PawPeds' examination instructions has been followed
Cat's identity verified ☒ yes ☐ no, describe why not

Signature **Date** 2011-6-28

Veterinarian's name, clinic's name and address
Drs M. Vink-Nooteboom

deWAGENRENK
veterinair specialistisch centrum
Keijenbergseweg 18
6705 BN Wageningen, The Netherlands
Tel: +31 (0)317 419 120 / Fax +31 (0)317 420 480
Email: info.balie@wagenrenk.com

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