



<b>Patient Information</b>		Owner's name Francis van Arkel	
Cat's registered name Iva Yalena van Moya Dorogaya		Address Hanikerweg 24	
Registration number BKV94-130475		Post code/City/State 5943 NB Lomm	
ID number, microchip or tattoo 528210002980957		Country The Netherlands	
Breed of cat Neva Masquerade		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) 2013-08-04		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. <b>Signature</b> _____ <b>Date</b> 2011.07.29	
Sire Salim Kropla Nieba			
Dam Bubastis' Empress Gemmei			
<b>Examination</b>		Examination date (year-month-day) 2011.07.29	
Sedated <input type="radio"/> Yes, with: _____ <input checked="" type="radio"/> No		Examination equipment EKG mydab 30 Vet Gold	
On medication <input type="radio"/> Yes, with: _____ <input checked="" type="radio"/> No			
Weight <u>3,4</u> kg Heart rate <u>200</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>3,0</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>12,2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3,2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5,8</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 LVFWs <u>6,0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>53%</u> Ao <u>7,8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>8,4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,1</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	
<b>Assessment (based on phenotype)</b>		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 _____			
<b>Veterinarian</b>		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 _____ <b>Signature</b> _____ <b>Date</b> 2011.07.29			

Resultaten van hypertrofische cardiomyopathie screening

Patienten informatie

Stamboom kat: <b>DOROGA* IUT YALENA VAN HOYA</b>	Ras: <b>NEVA MANSQUERADE</b>	Geboorte datum: <b>04/08/2013</b>
Stamboomnummer: <b>BKV 94-130475</b>	Chipnummer: <b>528210002980957</b>	<input type="checkbox"/> kater <input type="checkbox"/> intact <input checked="" type="checkbox"/> poes <input type="checkbox"/> intact
Naam vader: <b>SALIM KROPL NIEBA</b>	Naam moeder: <b>BUBSTIS' EMPRESS GEMMEI</b>	
Eigenaar: <b>FRANCIS VAN ARKEL</b>	E-mail: <b>FRANCIS@VAN-ARKEL.NL</b>	Telefoonnummer: <b>06-51947005</b>
Adres: <b>HANIKERWEG 24, 5943 NB LOHM</b>		
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: <b>3,4</b> kg	Auscultatie: <input checked="" type="checkbox"/> Normaal <input type="checkbox"/> Galop
Hartfrequentie: <b>200</b> bpm	Bijgeruis; kenmerken: <input type="checkbox"/> ja <input checked="" type="checkbox"/> nee
<input type="checkbox"/> Gedehydrateerd <input type="checkbox"/> Drachtig	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
<input type="checkbox"/> Zogend <input type="checkbox"/> Andere; beschrijf: _____	
Opmerkingen: _____	

Echocardiogram

M-mode:	SAX	LAX	2-D:
IVSd:	<b>3,1</b>	<b>2,9</b>	IVSd (LAX): <b>3,2</b>
LVDd:	<b>12,5</b>	<b>11,9</b>	LVWd (LAX): <b>3,1</b>
LVWd:	<b>3,7</b>	<b>3,0</b>	AO (SAX): <b>7,8</b>
IVSs:	<b>5,6</b>	<b>6,0</b>	LA (SAX): <b>8,4</b>
LVDs:	<b>6,1</b>	<b>5,5</b>	LA/AO (SAX): <b>1,1</b>
LVWs:	<b>5,8</b>	<b>6,1</b>	
FS%:	<b>57</b>	<b>54</b>	Systolic anterior motion mitralisklep: <input type="checkbox"/> ja <input checked="" type="checkbox"/> nee
AO:		<b>8,7</b>	Eind-systolische LV obliteratie: <input type="checkbox"/> ja <input checked="" type="checkbox"/> nee
LA:		<b>9,7</b>	Vmax aorta: _____ m/sec
LA/AO:		<b>1,1</b>	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 <input type="checkbox"/> Verdacht van HCM <input type="checkbox"/> HCM: <input type="checkbox"/> mild <input type="checkbox"/> matig <input type="checkbox"/> ernstig	Opmerkingen: _____

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: <b>29/07/2014</b>	Handtekening: 	Stempel: Kliniek voor Gezelschapsdieren PIE Mylab 30 Vet Hint 16 b 5521 AH Eersel Holland
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