





<b>Patient Information</b>		Owner's name Francis van Arkel
Cat's registered name Julie Fowlis van Moya Dorogaya		Address Hanikerweg 24
Registration number BKV94-110636		Post code/City/State 5943 NB Lomm
ID number, microchip or tattoo 528246002104651		Country the Netherlands
Breed of cat Siberian Cat		Phone (including country code) 0031-651947005
<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) 2011-10-12		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> 2012-11-8
Sire Oscar Volzskaja Krasa		
Dam Ch. Bubastis' Lilly Leilani		
<b>Examination</b>		
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>4.5</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>152</u> bpm	<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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	IVSd <u>4.0</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	LVIDd <u>15.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
	LVPWd <u>3.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
	IVSs <u>6.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
	LVIDs <u>7.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
	LVPWs <u>5.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
	SF <u>49%</u>	
	Ao <u>9.1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
	LA <u>11.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
	LA/Ao <u>1.3</u>	
<b>Assessment (based on phenotype)</b>		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's name, clinic's name and address <u>Drs. M. Vink - Nooteboom</u>  Veterinair Specialistisch Centrum De Wagenrenk Keijenbergseweg 18 6705 BN Wageningen tel: 0317 - 419120 www.wagenrenk.com
<b>Veterinarian</b>		
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> 2012-11-08		
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 BÖRLÄNGE, Sweden		