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|---|--|---|
| Patient Information | | Owner's name Francis van Arkel |
| Cat's registered name Ornella Phantom Cats | | Address Hanikerweg 24 |
| Registration number CZCSCH LO 106/13/NEM | | Post code/City/State 5943 NB Lomm |
| ID number, microchip or tattoo 203098100339988 | | 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) 2013-07-27 | | 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 2014 07 29 |
| Sire Christofor Velikii Ohotnik | | |
| Dam Ivica von den Schwarzwaldtigern | | |
| Examination | | Examination date (year-month-day) 2014 07 29 |
| Sedated <input type="radio"/> Yes, with: <input checked="" type="radio"/> No | | Examination equipment Estate MyLab 30vet Gold |
| On medication <input type="radio"/> Yes, with: <input checked="" type="radio"/> No | | |
| Weight <u>3.6</u> kg | Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop | |
| Heart rate <u>157</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 | |
| | 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 | | Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement |
| LVIDd <u>12.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| LVFWd <u>3.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | If yes, LV outflow tract flow velocity (Doppler) _____ |
| IVSs <u>6.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| LVIDs <u>5.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement |
| LVFWs <u>6.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | |
| SF <u>56</u> | | |
| Ao <u>7.6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D | | |
| LA <u>7.6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D | | |
| LA/Ao <u>1</u> | | |
| 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**

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|---|--|--|
| Stamboom kat: ORWELL PHANTOM C&TS | Ras: NEVA MASQUERADE | Geboorte datum: 27/07/2013 |
| Stamboomnummer: CZCSCH LO 106/13/MEH | Chipnummer: 203098100339988 | <input type="checkbox"/> kater <input type="checkbox"/> intact <input checked="" type="checkbox"/> poes <input type="checkbox"/> intact |
| Naam vader: CHRISTOFOR VEUKII GHOTNIK | | Naam moeder: IVIGT VON DEN SCHWARTZWALDTIGERN |
| Eigenaar: FRANCIS VAN ARKEL | E-mail: FRANCIS@VAN-ARKEL.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: 3,6 kg Hartfrequentie: 157 bpm <input type="checkbox"/> Gedeshydrateerd <input type="checkbox"/> Drachtig <input type="checkbox"/> Zogend <input type="checkbox"/> Andere; beschrijf: | Auscultatie: <input checked="" type="checkbox"/> Normaal <input type="checkbox"/> Galop Bijgeruis; kenmerken: <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: | 36 | 34 | IVSd (LAX): 26 |
| LVDd: | 17,7 | 11,8 | LVWd (LAX): 30 |
| LVWd: | 34 | 32 | AO (SAX): 16 |
| IVSs: | 6,5 | 6,3 | LA (SAX): 16 |
| LVDs: | 5,9 | 4,9 | LA/AO (SAX): 1 |
| LVWs: | 6,5 | 6,3 | |
| FS%: | 54,4 | 58 | Systolic anterior motion mitralisklep: <input type="checkbox"/> ja <input checked="" type="checkbox"/> nee |
| AO: | | 7,7 | Eind-systolische LV obliteratie: <input type="checkbox"/> ja <input checked="" type="checkbox"/> nee |
| LA: | | 8,2 | Vmax aorta: _____ m/sec |
| LA/AO: | | 1,2 | Papillair spieren: <input checked="" type="checkbox"/> Normaal <input type="checkbox"/> Abnormaal, matig verdikt <input type="checkbox"/> Abnormaal, ernstig verdikt |
| Opmerkingen: | | | |

Conclusie onderzoek

Een normaal onderzoek vandaag sluit NIET uit dat HCM in de toekomst kan ontwikkelen.

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|---|--------------|
| <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

Geen Over 6 maanden Over 1 jaar Over 2 jaar

Informatie Dierenarts

| | | |
|---|---|---|
| Naam en adres: Hanneke van Meeuwen Kliniek voor Gezelschapsdieren Hint 16b 5521 AH Eersel Nederland | Datum onderzoek: 29/10/2014 | Merk en type echoapparaat: PIE Mylab 30 Vet |
| Handtekening: | Stempel: 5521 AH Eersel Holland | Hint 16 b |

