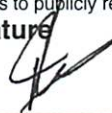





Patient Information		Owner's name Francis van Arkel
Cat's registered name Rafi Zabor van Moya Dorogaya	Address Hanikerweg 24	
Registration number BKV94-120534	Post code/City/State 5943 NB Lomm	
ID number, microchip or tattoo 528246002162855	Country The Netherlands	
Breed of cat Siberian Cat	Phone (including country code) +31-77-4739029	
<input checked="" type="radio"/> Male <input checked="" type="radio"/> Not altered <input type="radio"/> Female <input type="radio"/> Altered	Email francis@van-arkel.nl	
Born (year-month-day) 2012-07-28	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 aug. '13	
Sire GIC Delicious Cat Lukian		
Dam Ch. Chilla van Sippenstein		
Examination		Examination date (year-month-day) 2013-08-06
Sedated <input type="radio"/> Yes, with: <input checked="" type="radio"/> No	Examination equipment Alpha SSD 5500 7.5 MHz phased array	
On medication <input type="radio"/> Yes, with: <input checked="" type="radio"/> No		
Weight <u>4,1</u> kg Heart rate <u>140</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>3,9</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>15,0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3,7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6,3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7,3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7,3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>51</u> Ao <u>9,2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>11,3</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 no
<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 Drs M. Vink - Nooteboom  de <b>WAGENRENK</b> veterinair specialistisch centrum Keijenbergseweg 18 6705 BN Wageningen, The Netherlands Tel: +31 (0)317 419 120 / Fax: +31 (0)317 420 400
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not  Signature  Date 2013-08-06		
For registration of the result, the veterinarian shall send a copy of this form to: Email: <a href="mailto:info.balie@wagenrenk.com">info.balie@wagenrenk.com</a> PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden		