



HCM/RCM screening within health programme
 Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>
 Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Francis van Arkel
Cat's registered name Milani Vicktor Anima Siberiana		Address Hanikerweg 24
Registration number LO-AGI 3079		Post code/City/State 5943 NB Lomm
ID number, microchip or tattoo 380260080269175		Country The Netherlands
Breed of cat Siberian Cat		Phone (including country code) +31 6 51 947 005
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email francis@van-arkel.nl
Born (year-month-day) 7 Mai 2014		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 7/5/15
Sire Int.Ch. Viktor of Anima Siberiana		
Dam Int.Ch. Sibanna's Aski Gontsjarova		
Examination		Examination date (year-month-day) 2015-05-07
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Mindray M9
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>5,5</u> kg Heart rate <u>184</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>4,2</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDD <u>15,4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4,4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>7,6 7,7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7,6</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>8,3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>12,0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,4</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
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____ Signature _____ Date 2015-05-07		Drs M. Vink - Nooteboom Veterinair Specialistisch Centrum De Wagenrenk Keijenbergseweg 18 6705 BN Wageningen tel. 0317 - 419120 www.wagenrenk.com
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 BORLÅNGE, Sweden		