





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 Victors Einstein	Address Hanikerweg 24	
Registration number TCC ZBT SB 200515 003	Post code/City/State 5943 NB Lomm	
ID number, microchip or tattoo 276098104835218	Country The Netherlands	
Breed of cat Siberian Cat	Phone (including country code) 0031-6-51947005	
<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) 2015-05-20	I have read PawPeds' instructions for HCM screening and are aware that I must inform the examiner about my cat's 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.	
Sire Vrungle S Beregov Vevy	Signature 	Date 2016-05-31
Dam Palaisdhiver Fleur Noir		
Examination		Examination date (year-month-day) 2016-05-31
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment Mindray Mg P10-45	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>4.8</u> kg Heart rate <u>187</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>4.8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>7.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>8.6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWS <u>7.6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>48%</u> Ao <u>10.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>12.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVAo <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 <u>no.</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		Veterinarian's name, clinic's name and address Drs. M. Vinke-Rootboom Veterinair Specialistisch Centrum De Wagenrenk Keijzenbergseweg 18 6705 BN Wageningen tel: 0317 - 419120 www.wagenrenk.com
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature  Date 2016-05-31		
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden		