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

Cat's registered name: Lina Locchi van Moya Dorogaya

Registration number: BKV94-60153

ID number, microchip or tattoo: 528210004418245

Breed of cat: Siberian Cat

☐ Male ☐ Not altered
☑ Female ☐ Altered

Born (year-month-day): 14-02-2016

Sire: Eur.Ch. Timo the Kindly Nature

Dam: Gr.Int.Ch. Darya-ye Noor van Moya Dorogaya

Owner's name: Francis van Arkel

Address: Hanikerweg 24

Post code/City/State: 5943 NB Lomm

Country: The Netherlands

Phone (including country code): 0031- 6 351 947 00

Email: francis@van-arkel.nl

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 [signature] **Date** 2017-3-7

Examination

Examination date (year-month-day): 2017-3-7

Sedated
☐ Yes, with:
☑ No

Examination equipment: Mindray Mg P10-4s

On medication
☐ Yes, with:
☒ No

Weight: 4,0 kg

Heart rate: 189 bpm

☐ Dehydrated ☐ Pregnant
☐ Lactating ☐ Other, describe

Auscultation:
☒ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	4,0	☐ cm ☒ mm	☒ M-mode	☐ 2-D
LVIDd	14,0		☒ M-mode	☐ 2-D
LVFWd	3,9		☒ M-mode	☐ 2-D
IVSs	6,3		☒ M-mode	☐ 2-D
LVIDs	5,3		☒ M-mode	☐ 2-D
LVFWs	7,0		☒ M-mode	☐ 2-D
SF	62%			
Ao	10,2		☐ M-mode	☒ 2-D
LA	11,9		☐ M-mode	☒ 2-D
LA/Ao	1,2			

Subjective left atrial size
☒ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☒ no

Papillary muscles
☒ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments: no

Veterinarian

PawPeds' examination instructions has been followed
Cat's identity verified ☒ yes ☐ no, describe why not

Signature [signature] **Date** 2017-3-7

Veterinarian's name, clinic's name and address

Dos. 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, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden