



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 <i>Francis van Arkel</i>
Cat's registered name <i>Vanya Yalena van Moya Dorogaya</i>		Address <i>Hanikerweg 24</i>
Registration number <i>Dorogaya</i>		Post code/City/State <i>5943 NB Lomm</i>
ID number, microchip or tattoo <i>52821000447760</i>		Country <i>The Netherlands</i>
Breed of cat <i>Neva Masquerade</i>		Phone (including country code) <i>+31 6 51947005</i>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>Francis@van-arkel.nl</i>
Born (year-month-day) <i>3-5-2017</i>		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 <i>[Signature]</i> Date <i>24-5-18</i>
Sire <i>WC Osip</i>		
Dam <i>Ch. Nala van Moya Dorogaya</i>		
Examination		Examination date (year-month-day) <i>2018-05-24</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Mindray Mg P10-45</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>4.5</i> kg BCS _____	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate <i>167</i> bpm	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Dehydrated <input checked="" type="checkbox"/> Pregnant	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
ECG Heart Frequency _____	Subjective left atrial size	
IVSd <i>4.2</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LVIDd <i>15.3</i>	<input type="checkbox"/> Mild enlargement	
LFWd <i>4.3</i>	<input type="checkbox"/> Moderate enlargement	
IVSs <i>6.2</i>	<input type="checkbox"/> Severe enlargement	
LVIDs <i>6.8</i>	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LFWs <i>7.7</i>	If yes, LV outflow tract flow velocity (Doppler) _____	
SF <i>56%</i>	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Ao <i>8.5</i>	Papillary muscles	
LA <i>10.7</i>	<input checked="" type="checkbox"/> Normal	
LA/Ao <i>1.3</i>	<input type="checkbox"/> Abnormal, moderate enlargement	
	<input type="checkbox"/> Abnormal, severe enlargement	
Assessment (based on phenotype)		Comments <i>no</i>
<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		
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address <i>Drs. M. Vink - Nootboom</i>
Veterinary's signature <i>[Signature]</i> Date <i>2018-05-24</i>		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		