



# 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

<b>Patient Information</b>		Owner's name <b>Francis van Arkel</b>
Cat's registered name <b>Voly Indiana van Megta</b>		Address <b>Hanikerweg 24</b>
Registration number		Post code/City/State <b>5943 NB Comm</b>
ID number, microchip or tattoo <b>528210004274007</b>		Country <b>The Netherlands</b>
Breed of cat <b>Siberian Cat</b>		Phone (including country code) <b>+31 6 51947005</b>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <b>Francis@van-arkel.nl</b>
Born (year-month-day) <b>17-05-2015</b>		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. <b>Signature</b> _____ <b>Date</b> <b>24-5-'18</b>
Sire <b>Russian Irbis Svarog</b>		
Dam <b>Vanilla Sky Danina</b>		
<b>Examination</b>		Examination date (year-month-day) <b>2018-05-24</b>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <b>Mindray Mg P10-4s</b>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <b>4.1</b> kg BCS _____ Heart rate <b>155</b> bpm <input type="checkbox"/> Dehydrated <input checked="" 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 _____
ECG Heart Frequency _____ IVSd <b>4.0</b> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <b>15.3</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <b>4.1</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <b>4.4</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <b>8.5</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <b>5.5</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <b>44%</b> Ao <b>8.0</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <b>10.6</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <b>1.3</b>		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
<b>Assessment (based on phenotype)</b> <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 _____		Comments <b>no</b>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not <b>Veterinary's signature</b> _____ <b>Date</b> <b>2018-05-24</b>		Veterinarian's name, clinic's name and address <b>Drs. M. Vink-Nooteboom</b> <b>Veterinair Specialistisch Centrum</b> <b>De Wagenrenk</b> <b>Keijenbergseweg 18</b> <b>6705 BN Wageningen</b> tel: 0917 - 419126 <a href="http://www.wagenrenk.com">www.wagenrenk.com</a>

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 BORLÄNGE, Sweden

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