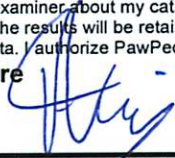






HCM/RCM screening within health programme

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 Hannah Yurika van Moya Dorogaya | | Address Hanikerweg 24 | |
| Registration number BKV94-180288 | | Post code/City/State 5943 NB Lomm | |
| ID number, microchip or tattoo 528210004794513 | | Country The Netherlands | |
| Breed of cat Siberian | | Phone (including country code) +31651947005 | |
| <input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered | | Email francis@van-arkel.nl | |
| Born (year-month-day) 2018-04-26 | | I have read PawPeds' instructions for HCM screening. I am 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 by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form. Signature  Date 2019-04-25 | |
| Sire Sidimi Yurik | | | |
| Dam Ch. Leia Leilani van Moya Dorogaya | | | |
| Examination | | | |
| Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination date (year-month-day) 2019-04-25 | |
| On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination equipment Mindray M9 P10-4s | |
| Weight <u>3.6</u> kg BCS <u>—</u> Heart rate <u>160</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 | | |
| ECG Heart Frequency <u>—</u> IVSd <u>3.8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.4</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>5.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>41%</u> Ao <u>8.2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>10.7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.3</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) <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 no | |
| PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature  Date 2019-04-25 | | Veterinarian's name, clinic's name and address Drs. M. Vink-Nooteboom  | |
| 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 | | Hergenseskundig specialistisch centrum Kellenbergseweg 18 - 6705 BN Wageningen www.wagenrenk.com 0317 419120 | |