



**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 Patricia Potters
Cat's registered name Praslin Sushi		Address Koekoekstraat 1
Registration number SBT 080618 003		Post code/City/State Sprundel 4714
ID number, microchip or tattoo 528210004896832		Country The Netherlands
Breed of cat Bengal		Phone (including country code) 0031 611024220
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email boerentuinland@hotmail.com
Born (year-month-day) 2018-06-08		I have read PawPeds' instructions for HCM screening and am 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 Ch Joanbengal Bulgari		
Dam Leapoffaith Creme		Signature _____ Date _____
<b>Examination</b>		Examination date (year-month-day) 2019-08-29
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Esaote MyLab Twice
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight _____ kg	Heart rate 172 bpm	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____		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 4.4 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	LVIDd 17.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
LVPWd 4.6 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	IVSs 6.8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
LVIDs 9.9 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	LVPWs 6.5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____
SF 42	Ao 12.0 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
LA 12.5 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	LA/Ao 1.05	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>		Comments
<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 _____		False tendons
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____		Barbara Vandevelde, DVM, Dipl. ECVDI, European Specialist in Veterinary Medical Imaging Grouwesteestraat 48, 9170 Sint-Pauwels, Belgium info@dierenradioloog.be 0032 476 95 12 61
Signature _____	Date 2019-08-29	

For registration of the result, the veterinarian shall send a copy of this form to:  
 PawPeds, c/o Olsson, Ångsmyrvägen 1 Bästa, SE-781 95 BORLÅNGE, Sweden

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 www.dierenradioloog.be

**POLYCYSTIC KIDNEY (PKD) and CIN SCREENING EXAMINATION**

**PATIENT INFORMATION**

Date: 2019-08-29      Owner: Patricia Potters

Cat's registered name: **Praslin Sushi**

Breed: Bengal      Gender: M      Date of birth: 2018-06-08

Nr. Registration: SBT 080618 003      Chip / Identificationnumber: 528210004896832

Equipment / Model: ESAOTE - TWICE  
 Radiologist: Dr Vandevelde Barbara, DVM, Dipl. ECVDI  
 Europees Specialist Medische Beeldvorming  
[www.dierenradioloog.be](http://www.dierenradioloog.be)

**PHYSICAL EXAMINATION**

Weight: kg \_\_\_\_\_

Palpation: normal

General condition: good

**ULTRASONOGRAPHIC EXAMINATION KIDNEYS AND LIVER**

Beide nieren zijn normaal van grootte, echogeniciteit en architectuur. Er zijn geen echografische tekenen van CIN.  
 Beide nieren bevatten géén cysten en zijn dus zijn vrij van PKD.

**DIAGNOSIS**

Normal; no signs of CIN

PKD (Polycystic Kidney Disease)       Left  
 Right

Other: \_\_\_\_\_

Veterinarian's signature \_\_\_\_\_ Date: 2019-08-29

**DIERENRADIOLOOG**  
 Barbara Vandevelde

*(Handwritten signature)*

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