



# 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 Montsaintaubert Chia		Address Koekoekstraat 1	
Registration number SBT 033118 014		Post code/City/State Sprundel 4714	
ID number, microchip or tattoo 756098100829917		Country The Netherlands	
Breed of cat Bengal		Phone (including country code) 0031 611024220	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email boerentuinland@hotmail.com	
Born (year-month-day) 2018-03-31		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.	
Sire Montsaintaubert Super Nova			<b>Signature</b> _____ <b>Date</b> _____
Dam Appalachiancats Indy			
<b>Examination</b>			Examination date (year-month-day) 2019-10-01
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 <u>4</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop		
Heart rate <u>156</u> bpm	<input type="checkbox"/> Murmur, characteristics		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade:    I   II   III   IV   V   VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static		
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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 <u>4.2</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size <input checked="" type="checkbox"/> Normal	
LVIDd <u>16.7</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
LVPWd <u>4.4</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
IVSs <u>6.2</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LVIDs <u>8.5</u>	<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	
LVPWs <u>6.2</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
SF <u>49</u>		End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Ao <u>9.1</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal	
LA <u>10.6</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Abnormal, moderate enlargement	
LA/Ao <u>1.16</u>		<input type="checkbox"/> Abnormal, severe enlargement	
<b>Assessment (based on phenotype)</b>		Comments False tendons	
<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			
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address 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	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not  <b>Signature</b> _____ <b>Date</b> <u>2019/10/01</u>			

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

# POLYCYSTIC KIDNEY (PKD) and CIN SCREENING EXAMINATION

## PATIENT INFORMATION

Date: 2019-10-01	Owner: Patricia Potters	
Cat's registered name: <b>Montsaintaubert Chia</b>		
Breed: Bengal	Gender: F	Date of birth: 2018-03-31
Nr. Registration: SBT 033118 014	Chip / Identificationnumber: 756098100829917	
Equipment / Model: ESAOTE - TWICE Radiologist: Dr Vandevelde Barbara, DVM, Dipl. ECVDI Europees Specialist Medische Beeldvorming <a href="http://www.dierenradioloog.be">www.dierenradioloog.be</a>		

## PHYSICAL EXAMINATION

Weight: 4 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

<input checked="" type="checkbox"/> Normal; no signs of CIN	
<input type="checkbox"/> PKD (Polycystic Kidney Disease)	<input type="checkbox"/> Left
	<input type="checkbox"/> Right
<input type="checkbox"/> Other:	

Veterinarian's signature

Date: 2019-10-01



**DIENRADIOLOOG**  
Barbara Vandevelde



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