



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 P. Potters |
| Cat's registered name Ambersands Mustang of Praslin | | Address Koekoekstraat 1 |
| Registration number SBT 021520 055 | | Post code/City/State 4714 AH Sprundel |
| ID number, microchip or tattoo 616093901108573 | | Country The Netherlands |
| Breed of cat Bengal | | Phone (including country code) 0031611024220 |
| <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered | | Email ashquindi@gmail.com |
| Born (year-month-day) 2020/02/15 | | 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 _____ Date 19-02-21 <i>Potters</i> |
| Sire Ambersands Aron | | |
| Dam Ambersands Salma | | |
| Examination | | |
| Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination date (year-month-day) 19-2-2021 |
| On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination equipment log 9 P7. 12S probe |
| Weight <u>5,5</u> kg BCS <u>5/9</u> Heart rate <u>164</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>159</u> IVSd <u>4,7</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>17,4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>4,5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>5,4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>9,2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>8,3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>47,34</u> Ao <u>9,7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>13,5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,39</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) | | 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 _____ | | * 2 false tendons from apex to IVS. |
| 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 19-2-2021 | | Veterinarian's name, clinic's name and address DIERENKLINIEK BREDA Drs. M.J.G. van den Bosch Van de Reijtstraat 21, 4814 NE Breda T: 076 - 5600 666 E: info@dierenkliniekbreda.nl |
| 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 BÖRLÄNGE, Sweden | | |