



# 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 Mrs. N. Nemeth
Cat's registered name Praslin Cinderella		Address Oude Polderweg 159
Registration number SBT 102719005		Post code/City/State 2493 BD 's-Gravenhage
ID number, microchip or tattoo 528210006182216		Country The Netherlands
Breed of cat Bengal		Phone (including country code) +31 610192753
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email nemethnicky@hotmail.com
Born (year-month-day) 2019-10-27		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. <b>Signature</b> _____ <b>Date</b> 2021-03-16
Sire MyAnmar Vulcano		
Dam Heaven Ly Rosettes Sole Mio/WC		
<b>Examination</b>		
Examination date (year-month-day) 2021-03-16		Examination equipment GE Vivid Q BT12
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment GE Vivid Q BT12
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>4.33</u> kg    BCS <u>5/9</u> Heart rate <u>168</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input checked="" type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		Auscultation: <input 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>190</u> IVSd <u>4.38</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.61</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.20</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.02</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>8.94</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>5.84</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>46%</u> Ao <u>10.39</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>11.27</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.08</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
<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		No echographic evidence of kidney disease (PKD, CIV)
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> 2021-03-16		
Veterinarian's name, clinic's name and address Dr. Niek Beijerink, DVM, PhD, DECVIM (Cardiology)  AniCura Spec. Verwijscentrum Haaglanden Verrijn Stuartlaan 27 2288 EK Rijswijk		Tel: 085 - 4831300
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		