



# 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 Heaven Ly Rosettes Vitaly		Address Oude Polderweg 159
Registration number HU-0294-1343-2467-61671		Post code/City/State 2493 BD 's-Gravenhage
ID number, microchip or tattoo 900079000686617		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) 2019-11-10		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> 2021-03-30
Sire WCF/GIC Praslin Magnum		
Dam Kanpur Wild Card of Heaven Ly Rosettes		
<b>Examination</b>		Examination date (year-month-day) 2021-03-30
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>3.61</u> kg    BCS <u>5/9</u> Heart rate <u>144</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>180</u> IVSd <u>3.80</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13.72</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.38</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.99</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>6.42</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7.15</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>53%</u> Ao <u>10.46</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>9.58</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>0.95</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 <i>No echographic evidence of kidney disease (PKD, CIN)</i>
<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 _____		
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> 2021-03-30		Veterinarian's name, clinic's name and address Dr. Niek Beijerink, DVM, PhD, DECVIM (Cardiology)  AniCura Spec. Verwijscentrum Haaglanden Verrijn Stuurtaan 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		2288 EK Rijswijk Tel: 085 - 4831300