



### 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 <b>TAQUET ADELINE</b>
Cat's registered name <b>Reina D'Umieux</b>	Address <b>RUE DE LA GARE N°10</b>	
Registration number <b>LOS 10-44547</b>	Post code/City/State <b>7640 MAUBRAY</b>	
ID number, microchip or tattoo <b>756 098 200 000 732</b>	Country <b>BELGIQUE</b>	
Breed of cat <b>BENGAL</b>	Phone (including country code) <b>0495 118 24 11</b>	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered	Email <b>adeline.taquet@hotmail.com</b>	
Born (year-month-day) <b>13.12.2015</b>	I have read PawPeds' instructions for HCM screening. I 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 by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form.	
Sire <b>BENGALUXURYTEM VLADILEN</b>	Signature 	Date <b>17.07.2021</b>
Dam <b>LA LUMIERE NOR SAKARTA</b>		
<b>Examination</b>		
Sedated <input checked="" type="checkbox"/> Yes, with: <b>butorphanol 0,3mg/15</b>	Examination date (year-month-day) <b>2021.07.17</b>	
On medication <input type="checkbox"/> Yes, with: <b>alprazolam 1mg/1g + 1mg/1g</b>	Examination equipment <b>VIVID SG</b>	
Weight <b>3,08</b> kg BCS <b>3/9</b>	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate <b>240</b> bpm	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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	ECG Heart Frequency <b>216</b>	
IVSd <b>3,94</b> <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 <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement	
LVIDd <b>13,43</b> <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	
LVFWd <b>4,09</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) <b>✓</b>	
IVSs <b>5,40</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDs <b>9,34</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVFWs <b>6,42</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <b>30%</b>		
Ao <b>9</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <b>8</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <b>0,98</b>		
<b>Assessment (based on phenotype)</b>		Comments <b>PKD négatif en echo</b>
<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		Veterinarian's name, clinic's name and address <b>Dr De Visscher Natacha</b> Médecin Vétérinaire Agréé EMSAVM / Cardiology Recognized PawPeds and VCS 52 Rue de la Florbecq, Ollignies BE-7866
Veterinarian's signature 		Date <b>17/7/21</b>