



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 Potters |
| Cat's registered name WESTBENGAL S'TAYCAN *BE | | Address Koekoekstraat 1 |
| Registration number AAAF 27939 | | Post code/City/State 4714 AH Sprundel |
| ID number, microchip or tattoo 981100004769742 | | Country Netherlands |
| Breed of cat Bengaal | | Phone (including country code) +31611024220 |
| <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) 2021-03-02 | | 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 5-4-2022 |
| Sire Silverstorm Prince | | |
| Dam Reina D'unieux | | |
| Examination | | Examination date (year-month-day) 5-4-2022 |
| Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination equipment logiq P7, 12 S probe |
| On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | |
| Weight 4,95 kg BCS 5/9 Heart rate 200 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 100/min IVSd 4,9 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd 14,3 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd 4,4 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs 6,3 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs 10,7 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs 6,2 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF 2503 Ao 9,8 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 12,8 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1,31 | 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 _____ | | |
| 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 5-4-2022 | | 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