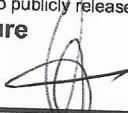
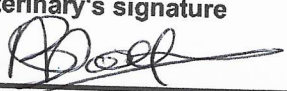




# HCM/RCM screening within health programme

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 Potters
Cat's registered name Ambersands Mustang Of Praslin		Address Koekoekstraat 1
Registration number SBT 021520055		Post code/City/State 4714 AH Sprundel
ID number, microchip or tattoo 616093901108573		Country Netherlands
Breed of cat Bengal		Phone (including country code) +31 6 11024220
<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. <b>Signature</b>  <b>Date</b> 1-7-22
Sire Ambersands Aron		
Dam Ambersands Salma		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input type="checkbox"/> On medication <input type="checkbox"/> Yes, with:		Examination date (Year-month-day) 1-7-2022
<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No		Examination equipment logig P7 12S probe
Weight <u>5,35</u> kg BCS <u>5/9</u> Heart rate <u>160</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>155</u> IVSd <u>4,6</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>17,7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>4,7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>6,1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>9,8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>7,9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>44,57</u> Ao <u>9,4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>13,1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,40</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		
PawPeds' examination instructions has been followed Cat's identity verified <input type="checkbox"/> yes <input type="checkbox"/> no, describe why not <b>Veterinary's signature</b>  <b>Date</b> 1-7-2022		Veterinarian's name, clinic's name and address <b>DIERENKLINIEK BREDA</b> Drs. M.J.G. van den Bosch Van de Reijtsstraat 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 BORLÄNGE, Sweden		