

Mevr. P. Potters  
Koekoekstraat 1  
4714 AH Sprundel  
0611024220

Kat Ambersands Mustang, Bengaal, kater  
Geboren op 15-02-2020 (5 jaar en 1 maanden)  
Chipnummer 616093901108573 5.9 kg

## PATIENTINFORMATIE

17-03-2025

gewicht - 5.9 kg

algemeen - anamnese :

bevindingen : Komt voor screening in verband met fokkerij.

Doet het goed, geen klachten.

Chip gecontroleerd.

Mucosa roze, crt normaal

Ausc hart geen ruis – normaal ritme, nette pols.

Ausc longen geen bijzonderheden.

Echografisch onderzoek hart; op dit moment geen aanwijzingen voor HCM.

Echografisch onderzoek nieren; op dit moment geen aanwijzingen voor PKD.

Advies; Over 1 jaar controle HCMscreening.

diagnose :

advies / therapie :

bijlage -

Details vindt u in bijlage 1

bijlage -

Details vindt u in bijlage 2

Drs. Marion van den Bosch  
Dierenkliniek Breda  
van de Reijtstaat 21, 4814 NE Breda  
076-560 06 66





# **Bijlage 1**

**datum: 17-03-2025**



## 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 <i>Patricia Potters</i>	
Cat's registered name <i>Macanbengals Mokka</i>		Address <i>Koekoekstraat 1</i>	
Registration number <i>CAT 22042022 BG 003</i>		Post code/City/State <i>4714 AH Sprundel</i>	
ID number, microchip or tattoo <i>5202 1000 68 71757</i>		Country <i>Nederland</i>	
Breed of cat <i>Bengaal</i>		Phone (including country code) <i>06-11024220</i>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>Ashwindic@gmail.com</i>	
Born (year-month-day) <i>22-04-2022</i>		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.	
Sire <i>Mango Bagus Macanbengals</i>			Signature <i>[Signature]</i>
Dam <i>Macanbengals Asyik</i>			Date <i>17-03-2025</i>
<b>Examination</b>		Examination date (year-month-day) <i>2025-3-17</i>	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Samsung RS05 PA4-12B</i>	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight <i>6,9</i> kg    BCS <i>5/9</i>	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		
Heart rate <i>180</i> bpm	<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
ECG Heart Frequency <i>176</i>	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement		
IVSd <i>4,4</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
LVIDd <i>17,6</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____		
LVFWd <i>4,3</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
IVSs <i>5,0</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
LVIDs <i>12,0</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LVFWs <i>5,5</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
SF <i>33</i>			
Ao <i>10,5</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA <i>14,5</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA/Ao <i>1,38</i>			
<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 checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address <b>DIERENKLINIEK BREDA</b> <i>Drs. M.J.G. van den Bosch</i> Van de Reijtstraat 21, 4814 NE Breda T: 076 - 5600 666 E: info@dierenkliniekbreda.nl	
Veterinary's signature    Date <i>[Signature]</i> <i>2025-3-17</i>			

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



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<b>Patient Information</b>		Owner's name <i>Patricia Potters</i>
Cat's registered name <i>Amberbands Mustang of prosin</i>	Address <i>Koekoerstraat 1</i>	
Registration number <i>SBT 0215 20055</i>	Post code/City/State <i>4714 AH Sprundel</i>	
ID number, microchip or tattoo <i>616093931108573</i>	Country <i>Nederland</i>	
Breed of cat <i>Bengaal</i>	Phone (including country code) <i>06-11024220</i>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered	Email <i>aohawindia@gmail.com</i>	
Born (year-month-day) <i>15-02-2020</i>	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.	
Sire <i>Amberbands Aeon</i>	Signature <i>[Signature]</i>	Date <i>17-03-2025</i>
Dam <i>Amberbands Salma</i>	Examination date (year-month-day) <i>2025-3-17</i>	
<b>Examination</b>		Examination equipment <i>Samsung RSDs PA4-12B</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	
Weight <i>5.9</i> kg BCS <i>4/9</i> Heart rate <i>180</i> 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 <i>163</i> IVSd <i>4.5</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <i>15.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <i>4.3</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <i>6.7</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <i>9.7</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <i>6.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <i>38.9</i> Ao <i>9.8</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>12.6</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.29</i>	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> <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		Comments
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 <i>[Signature]</i> Date <i>2025-3-17</i>		Veterinarian's name, clinic's name and address <b>DIERENKLINIEK BREDA</b> <i>Drs. M.J.G. van den Bosch</i> Van de Reijtsstraat 21, 4814 NE Breda T: 076 - 5600 666 E: info@dierenkliniekbreda.nl
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