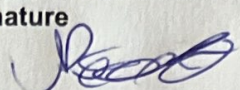
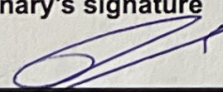




# HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>  
 Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name
Cat's registered name <b>Praslin Maui</b>		Mevr. N. Nemeth
Registration number <b>NCT 2024-6528</b>		Address <b>Oude Polderweg 159</b>
ID number, microchip or tattoo <b>528210008141329</b>		Post code/City/State <b>2493 BD 's-Gravenhage</b>
Breed of cat <b>Bengal</b>		Country <b>NL</b>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) <b>+31-6-10192753</b>
Born (year-month-day) <b>2024-Aug-15</b>		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> <b>2025- Dec -23</b>
Sire <b>Ambersands Mustang of Praslin</b>		
Dam <b>Silverstorm Ocean</b>		
Examination		Examination date (year-month-day) <b>2025-Dec-23</b>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <b>GE vivid Q BT12</b>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>6.3</u> kg BCS <u>4/9</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>208</u> IVSd <u>4.20</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>17.25</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>6.20</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7.85</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7.66</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>54%</u> Ao <u>11.17</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>13.22</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.18</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	
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		No echographic evidence of kidney disease (PKD, CIN).
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> <b>2025- Dec -23</b>		Veterinarian's name, clinic's name and address <b>Dr. Niek Beijerink</b> <b>AniCura Specialistisch Verwijscentrum Haaglanden</b> <b>Frijdastraat 20a</b> <b>2288 EZ Rijswijk</b> <b>Tel. 085-4831300</b>
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden		