



# HCM/RCM screening within health programme

NOTE! The pedigree needs to be registered in PawPeds' database before health testing.  
Visit <https://www.pawpeds.com/healthprogrammes/> for more information

<b>Patient Information</b>		Owner's name Mevr. N. Nemeth
Cat's registered name La Bella Conchita Silvera		Address Oude Polderweg 159
Registration number NCT 2025-6096		Post code/City/State 2493 BD 's-Gravenhage
ID number, microchip or tattoo 945000002706441		Country NL
Breed of cat Bengal		Phone (including country code) 06-10192753
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email nemethnicky@hotmail.com
Born (year-month-day) 2025-Feb-26		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> 2026-May-5
Sire Ch. Leominipard Revlis		
Dam Dare to Dream Chelsea		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2026-May-5
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment GE vivid Q BT12
Weight <u>4.2</u> kg    BCS <u>4/9</u>	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>160</u> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input checked="" type="checkbox"/> Pregnant	Grade:    I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____	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>178</u>	Subjective left atrial size	
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	<input checked="" type="checkbox"/> Normal	
LVIDd <u>12.23</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
LFWd <u>4.38</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
IVSs <u>6.75</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LVIDs <u>5.11</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <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	
LFWs <u>7.12</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
SF <u>58%</u>	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Ao <u>9.57</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles	
LA <u>11.75</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LA/Ao <u>1.23</u>	<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	No echographic evidence of kidney disease (PKD, CIN).	
<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>Veterinary's signature</b> _____ <b>Date</b> 2026-May-5	Dr. Niek Beijerink Spiegelverwyscentrum Anicura Haaglanden Frijdastraat 20A 2288 EZ Rijswijk 085-483 1300	
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		