



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 <i>Mrs. N. Nemeth</i>
Cat's registered name <i>Kanpur Perfecta</i>	Address <i>Oude Polderweg 15g</i>	
Registration number <i>SBT 061117 027</i>	Post code/City/State <i>2493 BD 's-Gravenhage</i>	
ID number, microchip or tattoo <i>q82000410348241</i>	Country <i>The Netherlands</i>	
Breed of cat <i>Bengal</i>	Phone (including country code) <i>+31610192753</i>	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered	Email	
Born (year-month-day) <i>2017-06-11</i>	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.	
Sire	Signature <i>[Signature]</i>	
Dam	Date <i>07-may-2019</i>	
Examination		Examination date (year-month-day) <i>2019-05-07</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment <i>SE vivid & BT12</i>	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>4</i> kg BCS <i>2/5</i> Heart rate <i>150</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>225</i> IVSd <i>3.65</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>17.52</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>3.47</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>6.39</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>8.58</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>7.12</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>51%</i> Ao <i>8.18</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>13.93</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.70</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	
Assessment (based on phenotype) <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 <i>No evidence of polycystic kidney disease</i>
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 <i>AniCura Spec. Verwijscentrum Haaglanden Verrijn Stuartlaan 27 2288 EK Rijswijk Tel: 085 - 4831300</i>
Veterinary's signature <i>[Signature]</i> Date <i>7-may-19</i>		<i>Dr. Miek Bejeune DECURIM (Audio)</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		