

Dierenkliniek Delft-Centrum Anicura Delft

Mevr. N. Nemeth
Oude Polderweg 159
2493 BD 's-Gravenhage
06-10192753

Kat Heaven Ly Rosettes Sole Mio, Bengaal, poes
Geboren op 02-06-2016 (4 jaar en 1 maanden)
Stamboomnummer HU-0294-743-1765-38274

PATIENTINFORMATIE

28-07-2020

bijlage - HCM screeningsformulier
Details vindt u in bijlage 1

Angela Frehling - de Bruin
Specialistisch verwijscentrum Haaglanden
Frijdastraat 20a, 2288 EZ Rijswijk
085-4831300

Bijlage 1

datum: 28-07-2020



HCM screeningsformulier



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 Mrs. N. Nemeth
Cat's registered name Heaven Ly Rosettes Sole Mio		Address Oude Polderweg 159
Registration number HU-0294-743-1765-38274		Post code/City/State 2493 BD 's-Gravenhage
ID number, microchip or tattoo 900079000411092		Country The Netherlands
Breed of cat Bengaal		Phone (including country code) +31 610192753
<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) 2018-06-02		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. Signature  Date 2020-July-28
Sire Joanbengal Bulgari of Heaven Ly Rosettes		
Dam Heaven Ly Rosettes Luna		
Examination		
Examination date (year-month-day) 2020-07-28		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment GE Vivid Q BT12
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>4.02</u> kg BCS <u>3/5</u>	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 <u>172</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
ECG Heart Frequency <u>216</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	
IVSd <u>4.93</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	
LVIDd <u>14.60</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
LVPWd <u>4.20</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
IVSs <u>8.21</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVIDs <u>4.74</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVPWs <u>8.21</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>68%</u>		
Ao <u>8.18</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>12.75</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1.56</u>		
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 <u>No echographic evidence of kidney disease (PKD, CIN)</u>
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 Dr. Niek Beijerink, DVM, PhD, DECVIM (Cardiology) AniCura Spec. Verwijscentrum Haaglanden Verrijn Stuurtlaan 27 2288 EK Rijswijk Tel: 085 - 4831300
Veterinary's signature  Date 2020-July-28		
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 BORLÄNGE, Sweden		