

Mevr. P. Potters  
Koekoekstraat 1  
4714 AH Sprundel  
06-11024220

Kat Fay Ashquindi , Bengaal, poes  
Geboren op 06-07-2019 (1 jaar en 2 maanden)  
Stamboomnummer NCT2019/6655 3.8 kg

## PATIENTINFORMATIE

**28-09-2020**

1.0 HCM + PKD screening healthplan PawPeds :

gewicht - 3.8 kg

algemeen - anamnese : Screening i.v.m. fokkerij

Doet het goed, geen klachten.

bevindingen : Chip gecontroleerd

mucosa roze, crt normaal

ausc hart; geen ruis, nette pols, HF 188/minuut

ausc longen; geen afwijkingen.

Echografisch onderzoek hart; geen afwijkingen

Echografisch onderzoek nieren; geen afwijkingen

diagnose : - Op dit moment geen aanwijzingen voor HCM

- Op dit moment geen aanwijzingen voor CIN en PKD

advies / therapie :

bijlage

Details vindt u in bijlage 1

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



# **Bijlage 1**

**datum: 28-09-2020**



# 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 P. Potters
Cat's registered name Fay Ashquindi	Address Koekoekstraat 1	
Registration number NCT 2019-6655	Post code/City/State 4714 AH Sprundel	
ID number, microchip or tattoo 528210006111836	Country Nederlands	
Breed of cat Bengaal	Phone (including country code) 06-11024220	
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered	Email ashquindi@gmail.com	
Born (year-month-day) 06-07-2019	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 Praslin Sushi	<b>Signature</b> <b>Date</b> <i>Potters</i> 20-09-20	
Dam Praslin Kiwi	Examination date (year-month-day) 20-9-2020	
<b>Examination</b>		Examination equipment Logiq P7, 12S probe
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>3,8</u> kg BCS <u>4/9</u> Heart rate <u>188</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>180</u> IVSd <u>4,3</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>13,0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>3,4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>5,5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>6,9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>6,1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>47/87</u> Ao <u>8,2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>11,2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,36</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	
<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> Drs. M.J.G. van den Bosch Van de Reijtstraat 21, 4814 NE Breda T: 076 - 5600 666 E: info@dierenkliniekbreda.nl
Veterinary's signature <b>Date</b> <i>Bosch</i> 20-9-2020		
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		



# HCM/RCM screening within health programme

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Visit <http://www.pawpeds.com/healthprogrammes/> for more information

<b>Patient Information</b>		Owner's name P. Potters
Cat's registered name Bengalissimo Madelyn		Address Koekoekstraat 1
Registration number SBT 092719039		Post code/City/State 4714 AH Sprundel
ID number, microchip or tattoo 528210004983982		Country Nederland
Breed of cat Bengaal		Phone (including country code) 06-11024220
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email ashquindi@gmail.com
Born (year-month-day) 27-09-2019		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. <b>Signature</b> <b>Date</b> <i>P. Potters</i> <i>28-09-20</i>
Sire Champagne On Ice Vom Weinberg/ID		
Dam PrettyDiamond NYSA		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>28-9-2020</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Logiq P7, 12 S probe</i>
Weight <i>2,8</i> kg BCS <i>4/9</i> Heart rate <i>184</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>176/min</i> IVSd <i>4,1</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <i>13,8</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <i>3,3</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <i>6,2</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <i>6,8</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <i>6,4</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <i>50,3</i> Ao <i>8,4</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>12,4</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1,47</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 <b>Veterinary's signature</b> <b>Date</b> <i>[Signature]</i> <i>28-9-2020</i>		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
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 BORLÄNGE, Sweden		

## Certificaat screening nieren

**Registratienaam;** Fay Ashquindi  
**Stamboomnummer:** NCT 2019-6655  
**Chipnummer:** 528 210006111836

### ECHOGRAFISCH ONDERZOEK NIEREN;

Linker nier 3.81 cm

Rechter nier 4.02cm

Nieren beiderzijds normaal onderscheid cortex-merg, nierkapsel keurig aangelegd en nieren hebben beiderzijds een glad oppervlak. Nierbekken niet verwijd. Geen aanwijzingen voor cystes

### **Conclusie:**

Op dit moment geen aanwijzingen voor PKD+CIN.

**DIERENKLINIEK BREDA**  
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Datum: 28-09-2020

Drs. M.J.G. van den Bosch



## Certificaat screening nieren

**Registratienaam;** Bengalissimo Madelyn

**Stamboomnummer:** SBT 092719039

**Chipnummer:** 528 210004983982

### ECHOGRAFISCH ONDERZOEK NIEREN;

Linker nier 3.38 cm

Rechter nier 3.33cm

Nieren beiderzijds normaal onderscheid cortex-merg, nierkapsel keurig aangelegd en nieren hebben beiderzijds een glad oppervlak. Nierbekken niet verwijd. Geen aanwijzingen voor cystes

### **Conclusie:**

Op dit moment geen aanwijzingen voor PKD+CIN.

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Datum: 28-09-2020

Drs. M.J.G. van den Bosch

