



# 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 Mrs. Nemeth
Cat's registered name Jelly Bean Ashquindi		Address Oude Polderweg 159
Registration number NCT 2020-6456		Post code/City/State 2493 BD 's-Gravenhage
ID number, microchip or tattoo 528210006335901		Country The Netherlands
Breed of cat Bengal		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) 2020-06-20		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> <span style="float: right;"><b>Date</b></span> <span style="float: right; vertical-align: middle;">2022-march-8</span>
Sire Sparklepride Vodan		
Dam Fay Ashquindi		
<b>Examination</b>		
Examination date (year-month-day) 2022-march-8		
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>3.7</u> kg BCS <u>4/9</u> Heart rate <u>180</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>210</u> IVSd <u>4.82</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13.14</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>6.79</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>6.57</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7.23</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>50%</u> Ao <u>10.46</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>8.49</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>0.81</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 No echographic evidence of kidney disease (PUP, CIV)
<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 <b>Veterinary's signature</b> <span style="float: right;"><b>Date</b></span> <span style="float: right; vertical-align: middle;">2022-march-8</span>		Veterinarian's name, clinic's name and address Dr. Niek Beijerink, DVM, PhD, DECVIM (Cardiology)  AniCura Spec. Verwijscentrum Haaglanden Verrijn Stuaartlaan 27 2268 EK Rijswijk Tel: 085 - 4831300
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		