





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>Merel Bongers</i>
Cat's registered name <i>Yaromic Strana Chudes</i>		Address <i>Reigerstr. 10-D</i>
Registration number <i>Ru-0164-230519-3927-10-SJB</i>		Post code/City/State <i>4811 XB</i>
ID number, microchip or tattoo <i>992007 001056205</i>		Country <i>Netherlands</i>
Breed of cat <i>Siberian</i>		Phone (including country code) <i>+316 384 12390</i>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>cattery.inituuna@gmail.com</i>
Born (year-month-day) <i>23-05-19</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. Signature  Date <i>24-4-20</i>
Sire <i>Lozenso Sibirskaga Rapsodiyq</i>		
Dam <i>Arisha Strana Chudes</i>		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>24-4-2020</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Logiq P7 12 S</i>
Weight <i>4,0</i> kg BCS <i>4/9</i>	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 <i>180</i> bpm	ECG Heart Frequency <i>172</i>	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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	
IVSd <i>4,0</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <i>13,4</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <i>3,9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <i>6,1</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>7,6</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <i>49,2</i> Ao <i>8,2</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>10,0</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1,21</i>		Comments <i>/</i>
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		
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature  Date <i>24-04-2020</i>		Veterinarian's name, clinic's name and address DIERENKLINIEK BREDA <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 BÖRLÄNGE, Sweden		