





# 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 <u>Mercel Bongers</u>
Cat's registered name <u>Limonchella Russian Diamond</u>		Address <u>Reigerstraat 10-D</u>
Registration number <u>RV-0164-06-240418-3247-LO-518</u>		Post code/City/State <u>4811 X13 Breda</u>
ID number, microchip or tattoo <u>643093400074597</u>		Country <u>Nederland</u>
Breed of cat <u>Sibeer</u>		Phone (including country code) <u>+316 384 12390</u>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <u>Catteryinitium@gmail.com</u>
Born (year-month-day) <u>24-04-2018</u>		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>  <b>Date</b> <u>4-7-19</u>
Sire <u>Casper Russian Diamond</u>		
Dam <u>Galathea Russian Diamond</u>		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <u>4-7-2019</u>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <u>Logiq P7 12S probe</u>
Weight <u>3,8</u> kg BCS <u>3</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>185</u> IVSd <u>8,044</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>1,39</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>0,4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>0,78</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>0,62</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>0,7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>55,6%</u> Ao <u>0,78</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>1,18</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,52</u>	Subjective left atrial size <input type="checkbox"/> Normal <input checked="" 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		
Veterinary's signature  <b>Date</b> <u>4-7-2019</u>		Veterinarian's name, clinic's name and address <b>DIERENKLINIEK BREDA</b> <u>Van de Reijststraat 21</u> <u>4814 NE Breda</u> <u>T: 076 5600 666</u> <u>E: info@dierenkliniekbreda.nl</u> <u>Drs. M.J.G. van den Bosch</u>

For registration of the result, the veterinarian shall send a copy of this form to:  
PawPeds, c/o Olsson, Ångsmyrvägen 1 Båсна, SE-781 95 BORLÅNGE, Sweden