





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 <u>Merel Bongers</u>	
Cat's registered name <u>Gulena Laskoviy Bayun</u>		Address <u>Reigerstraat 10-0</u>	
Registration number <u>IFC 4071/19/SIB</u>		Post code/City/State <u>4811 XB Breda</u>	
ID number, microchip or tattoo <u>900115000951467</u>		Country <u>Nederland</u>	
Breed of cat <u>Sibeer</u>		Phone (including country code) <u>+361 38412390</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>18-6-2018</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. Signature  Date <u>4-7-19</u>	
Sire <u>Tungus Laskoviy Bayun</u>			
Dam <u>Mel'ga Chera Tigoda</u>			
Examination		Examination date (year-month-day) <u>4-7-2019</u>	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <u>Logia P7 125 probe</u>	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight <u>3,6</u> kg BCS <u>3</u> Heart rate <u>192</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>178</u> IVSd <u>3,9</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>15,7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>3,7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>6,9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>6,5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>8,2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>58,55%</u> Ao <u>9,1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>13,0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,42</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		
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	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address DIERENKLINIEK BREDA <u>Van de Reijtstraat 21</u> <u>Ors mJG van den Bosch</u> <u>4811 NE Breda</u> <u>T: 076 5600 666</u> <u>E: Info@dierenkliniekbreda.nl</u>	
Veterinary's signature 		Date <u>4-7-2019</u>	

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