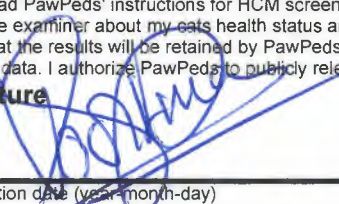






# HCM/RCM screening within health programme

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.D. Voortman
Cat's registered name Sjef Gustav av Nesbru	Address Ir. Mentropweg 24	
Registration number NRKV R2019-0878	Post code/City/State 9341AS Veenhuizen	
ID number, microchip or tattoo 578098100676377	Country The Netherlands	
Breed of cat NFO	Phone (including country code) 0031-628133243	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered	Email ingdiavo@gmail.com	
Born (year-month-day) 2019-6-24	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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> 2020-07-09	
Sire foundation		
Dam foundation		
Examination		Examination date (year-month-day) 2020-07-18 09
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment Philips CX50 pharynx 12-4 MHz	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>4.5</u> kg BCS <u>5</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>154</u> IVSd <u>3.5</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>17.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>10.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>5.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>39%</u> Ao <u>10.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>15.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.5</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)		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 <b>Veterinary's signature</b>  <b>Date</b> 9-7-2020	Veterinarian's name, clinic's name and address  Drs. R.A.H. Jonker Diercnarts Interne Geneeskunde Schiermonnikoog 10 8302ME Emmeloord info@dierenartsjonker.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