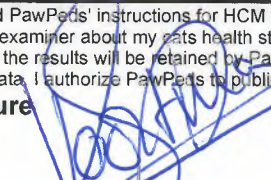

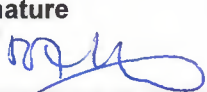




# HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>  
Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name
Cat's registered name <b>Blå Skjønne av Eigersund</b>		I.D. Voortman
Registration number <b>NRKV R2019-1018</b>		Address <b>Ir. Mentropweg 24</b>
ID number, microchip or tattoo <b>578098100676351</b>		Post code/City/State <b>9341AS Veenhuizen</b>
Breed of cat <b>NFO</b>		Country <b>The Netherlands</b>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) <b>0031-628133243</b>
Born (year-month-day) <b>2019-7-29</b>		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> <b>2020-7-9</b>
Sire foundation		
Dam foundation		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <b>2020-07-09</b>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <b>Philips CX50 pharynx 12-4 MHz.</b>
Weight <b>4.0</b> kg BCS <b>5</b>	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate <b>120</b> bpm	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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
ECG Heart Frequency <b>90</b>	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement	
IVSd <b>3.4</b> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDd <b>16.9</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
LVFWd <b>3.2</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
IVSs <b>5.7</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVIDs <b>11.2</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVFWs <b>5.5</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <b>34%</b>		
Ao <b>8.9</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA <b>13.6</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA/Ao <b>1.52</b>		
<b>Assessment (based on phenotype)</b>		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		Veterinarian's name, clinic's name and address  <b>Drs. R.A.H. Jonker</b> Dierenarts Interne Geneeskunde Schiermonnikoog 10 8302ME Emmeloord info@dierenartsjonker.nl
Veterinarian's signature  Date <b>9-7-2020</b>		
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		