



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 Vandevyvere Tomy
Cat's registered name Orkia des Britishs du Duc Rond-Rond		Address [REDACTED]
Registration number BELGICAT 39709		Post code/City/State 3400 Landen
ID number, microchip or tattoo 967000010067363		Country Belgium
Breed of cat British Shorthair		Phone (including country code) 0466/07.90.55
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email tom.vandevyvere.law@gmail.com
Born (year-month-day) 2018-09-15		I have read PawPeds' instructions for HCM screening and are 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature _____ Date _____
Sire Ticket Vom Taunus		
Dam WCH Nala des Britishs du Duc Rond-Rond		
Examination		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2019-11-23
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment VIVID I, GE
Weight <u>3,2</u> kg BCS <u>3</u> Heart rate <u>200</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>220</u> IVSd <u>3,11</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>12,76</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>2.82</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>6.01</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>5.44</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>6.43</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>57</u> Ao <u>7.68</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>10.24</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.33</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 Liekens Veronique Dierenarts DVM, GP.Cert. Cardiologie BE0887988181
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 <u>2019-11-23</u>		
		Veterinarian's name, clinic's name and address <u>Bœimonsstraat 68A</u> <u>2820 Bonheiden</u> <u>Belgium</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 BÖRLÄNGE, Sweden		