



Patient Information		Examination	
Owners name	Vandevyvere Tomy	Examined date (year-month-day)	2020-07-24
Cat's registered name	Orkia des British du Duc Rond-Rond	Examined date (year-month-day)	2020-07-24
Registration number	BELGICAT 39709	Examination equipment	GE VIVID I
ID number, microchip or tattoo	967000010067363	On medication	<input checked="" type="checkbox"/> No
Country	Belgium	Sedated	<input type="checkbox"/> Yes, with: <input type="checkbox"/> No
Phone (including country code)	0466/07.90.55	Address	Donkerstraat 56
Breed of cat	British Shorthair	Post code/City/State	3400 Landen
Male <input checked="" type="checkbox"/> Not altered		Country	Belgium
Female <input type="checkbox"/> Altered		Registration number	BELGICAT 39709
Born (year-month-day)	15-09-2018	Post code/City/State	3400 Landen
Site	Ticket Vom Tannus	Country	Belgium
Dam	WCH Nala des British du Duc Rond-Rond	Phone (including country code)	0466/07.90.55
Signature		Email	tom.vandevyvere.law@gmail.com
Date	2020-07-24	Address	Donkerstraat 56
I have read PawPeds' instructions for HCM screening and are 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form.		I have read PawPeds' instructions for HCM screening and are 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form.	
Sire		Ticket Vom Tannus	
Breed of cat		British Shorthair	
Male <input checked="" type="checkbox"/> Not altered			
Female <input type="checkbox"/> Altered			
Born (year-month-day)		15-09-2018	
Site		Ticket Vom Tannus	
Dam		WCH Nala des British du Duc Rond-Rond	
Examination		Examined date (year-month-day)	
Examined date (year-month-day)		2020-07-24	
Examination equipment		GE VIVID I	
On medication		<input checked="" type="checkbox"/> No	
Sedated		<input type="checkbox"/> Yes, with: <input type="checkbox"/> No	
Auscultation:		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Murmur, characteristics <input type="checkbox"/> Gallop	
Weight		2,5 kg BCS 3	
Heart rate		120 bpm	
Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/>		Lactating <input checked="" type="checkbox"/>	
Other, describe			
ECG Heart Frequency		120	
IVSD		13,5 cm <input checked="" type="checkbox"/> mm	
LVIDd		3,6	
LVFWd		5,23	
IVSs		7,93	
LVIDs		7,33	
LVFWS		41%	
SF		8,86	
Ao		10,86	
LA		1,23	
LA/Ao			
<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		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement <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		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 (Dopler) _____ 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	
Comments Liekens Veronique Dierarts DVM, GP, Cert. Cardiologie BE0887988181		Veterinarian's name, clinic's name and address DVM GP CERT CARDIOLOGIE LIEKENS BOEIMEERSSTRAAT 68A 2820 BONHEIDEN BELGIUM	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's signature Date 24/07/2020	
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Angsmyrvägen 1 Båsa, SE-781 95 BORLÅNGE, Sweden			