



Patient Information	
Owner's name Vandevyvere Tomy	Cat's registered name Dinah Von Walder
Address Donkerstraat 56	Registration number KFG-03-9169/19-W
Country Belgium	ID number, microchip or tattoo 276093400835606
Post code/City/State 3400 Landen	Breed of cat British Shorthair
Phone (including country code) 0466/07.90.55	Male <input type="checkbox"/> Not altered Female <input checked="" type="checkbox"/> Altered
Email tom.vandevyvere.law@gmail.com	Born (year-month-day) 28/04/2019
Signature Date	Sire EC Dorian Grey from Town-House
EC Dorian Grey from Town-House	Dam Jamaica Von Walder
Examination date (year-month-day) 2020-06-15	Examination
Examination equipment GE VIVID I	On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No
	Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No
Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Murrur, characteristics <input type="checkbox"/> Gallop	Grade: I II III IV V VI Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <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	Weight <u>4</u> kg BCS <u>4</u> Heart rate <u>160</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe
Styolic 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	ECG Heart Frequency <u>140</u> mm
Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	IVSD <u>4,01</u> cm <input type="checkbox"/> mm LVSD <u>14,73</u> mm
Comments FALSE TENDON	LVWD <u>4,1</u> mm
Veterinarian's name, clinic's name and address Dierenarts Liekens Veronique DVM, GP, Cert. Cardiologie BE0887988181	IVS <u>7,22</u> mm
	LVFWS <u>5,64</u> mm
	LA <u>12,02</u> mm
Other, describe	LA/Ao <u>1,36</u> mm
Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not	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
Date 2020-06-15	PawPeds' examination instructions has been followed
Veterinarian's signature	