



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 Mister Watson GoldenBri		Address Donkerstraat 56
Registration number EST CATO 6550-21-BRI		Post code/City/State 3400
ID number, microchip or tattoo 233026978039609		Country Landen
Breed of cat British Shorthair		Phone (including country code) 0466/07.90.55
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email tom.vandevyvere.law@gmail.com
Born (year-month-day) 2021-09-21		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 2022-12-05
Sire GIC Absolu Talisman		
Dam CH Joséphine GoldenBri		
Examination		Examination date (year-month-day) 2022-12-05
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment GE VIVID IQ
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>4,26</u> kg BCS <u>5</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 type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input checked="" type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input checked="" 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>200</u> IVSd <u>0,35</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>1,58</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>0,41</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>0,58</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>0,87</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0,63</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>45,35%</u> Ao <u>0,84</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>1,37</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,27</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 _____	Veterinarian's name, clinic's name and address DVM.GP.CERT Liekens Boeimeerstraat 68A 2820 Bonheiden Belgium	
Veterinary's signature _____ Date 05/12/2022		

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