



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 Dinah Von Walder		Address Donkerstraat 56
Registration number KFG-03-9169/19-w		Post code/City/State 3400 Landen
ID number, microchip or tattoo 276093400835606		Country Belgium
Breed of cat British Shorthair		Phone (including country code) 0466/07.90.55
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email tom.vandevyvere.law@gmail.com
Born (year-month-day) 2019-04-28		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 EC Dorian Grey from Town-House		
Dam Jamaica Von Walder		
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>5,2</u> kg BCS <u>5</u> Heart rate <u>160</u> bpm	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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
ECG Heart Frequency <u>140</u> IVSd <u>3,9</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>15,8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>4,1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>6,2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>7,1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>54,93%</u> Ao <u>8,3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>10,9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,31</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)		Comments FALSE TENDON
<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		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 05/12/2022		
		Veterinarian's name, clinic's name and address DVM.GP.CERT Liekens Boeimeerstraat 68A 2820 Bonheiden Belgium

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