




# 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

<b>Patient Information</b>		Owner's name Hanna Bolhuis
Cat's registered name Kenai of Furo cats		Address Meenteweg 13
Registration number RVT 147.275		Post code/City/State 7971 RZ
ID number, microchip or tattoo 528257000114206		Country Havelte <i>NL</i>
Breed of cat Ragdoll		Phone (including country code) 06-11717372
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email hanna_bolhuis3@hotmail.com
Born (year-month-day) 16/11/2020		I have read PawPeds' instructions for HCM screening. I am 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 by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form. <b>Signature</b> _____ <b>Date</b> <i>2024-oct-4</i>
Sire Raggababa Mustang		
Dam De Purmer Doll's Bo		
<b>Examination</b>		Examination date (year-month-day) <i>2024-oct-4</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>JE vwd &amp; BT2</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>5.0</i> kg    BCS <i>4/9</i> Heart rate <i>192</i> 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 <i>219</i> IVSd <i>3.65</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>13.07</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>3.03</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>4.56</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>0.76</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>5.47</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>37%</i> Ao <i>0.37</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>11.51</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.30</i>		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
<b>Assessment (based on phenotype)</b>		Comments <i>No echocardiographic evidence of kidney disease (PhD, civ)</i>
<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		
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not  <b>Veterinary's signature</b> _____ <b>Date</b> <i>2024-oct-4</i>		Veterinarian's name, clinic's name and address   N.J. Beijerink, dierenarts <b>VETERINAIRE SPECIALISTEN</b> REUTSEPLEIN 3 5264 PN VUGHT
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		