



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

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|---|---|--|
| Patient Information | | Owner's name Hanna Bolhuis |
| Cat's registered name Logan van den Friedes | | Address Meenteweg 13 |
| Registration number NRKV 2020-0513 | | Post code/City/State 7971 RZ Havelte |
| ID number, microchip or tattoo 528210006293866 | | Country Nederland |
| 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) 20/05/2020 | | 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. Signature _____ Date 2023- April-21 |
| Sire ShinyCats Blue Ice | | |
| Dam Sisi Fleur van de Griize Neus | | |
| Examination | | Examination date (year-month-day) 2023- April-21 |
| Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination equipment SE wind & BT12 |
| On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | |
| Weight <u>4.8</u> kg BCS <u>5/9</u> Heart rate <u>192</u> 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 <u>139</u> IVSd <u>4.01</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>17.88</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.65</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.66</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>10.58</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.75</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>41%</u> Ao <u>10.18</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>12.91</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 <u>No echographic evidence of kidney disease (PhD, CIA)</u> <u>FelU-FIV snap test: negative</u> |
| 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 2023- April-21 | | |
| | | Veterinarian's name, clinic's name and address Veterinaire Specialisten N.J. Beijerink PhD DECVIM Cardiology Reutseplein 3, 5264 PN, Vught Tel: 013-5285900 info@veterinairespecialisten.nl |

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