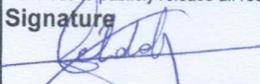




HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>

Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Eric De Ridder - Nancy Van Vlerken	
Cat's registered name Izumi Van de Kerselaar		Address Eeuwfeestlaan 174	
Registration number BKV94-170277		Post code/City/State 2500 Lier	
ID number, microchip or tattoo 967000009953156		Country Belgium	
Breed of cat Maine Coon		Phone (including country code) +32 496 87 00 08	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email vanvlerkenn@telenet.be	
Born (year-month-day) 2017-04-26		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 9 April 2018	
Sire Four Aces Van de Kerselaar			
Dam Bronwyn Van de Kerselaar			
Examination		Examination date (year-month-day) 2018-04-09	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Philips Agnity 50 G	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight <u>3.49</u> kg BCS <u>4/9</u> Heart rate <u>172</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> </u> IVSd <u>3.7</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>14.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>48</u> Ao <u>10.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>13.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.30</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) <u> </u> 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	
PawPeds' examination instructions has been followed Cat's identity verified <input type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address	
Veterinary's signature  Date 9/4/18		Dr. Ingrid Putcuypjs Emiel Clauslaan 134 9800 Astene Tel: 09/277 89 90	

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden