



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 Marie-Angelique van der Kooij-Scholten
Cat's registered name Lily vom Haselgraben		Address Adorfer. Str. 20
Registration number (DE)DEKZV LO 417669		Post code/City/State 49828 <i>Seefeld</i>
ID number, microchip or tattoo 276093400958610		Country Germany
Breed of cat Norwegian Forest Cat		Phone (including country code) [REDACTED]
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email info@noorseboskatten.net
Born (year-month-day) 2022-07-12		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 <i>[Signature]</i> Date 6-12-2023
Sire Felino von Vestfjorden		
Dam Berry vom Haselgraben		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2023 - Dec - 6
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment GE vint Q BT12
Weight <u>4.3</u> kg BCS <u>4/9</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>235</u> IVSd <u>3.80</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.06</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.38</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>7.01</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>6.86</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWS <u>7.59</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>57%</u> Ao <u>9.23</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>12.07</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
<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		<i>No echographic evidence of kidney disease (PUD, CIV)</i>
PawPeds' examination instructions has been followed <input checked="" type="checkbox"/> Cat's identity verified yes no, describe why not		Veterinarian's name, clinic's name and address
Veterinary's signature <i>[Signature]</i> Date <u>2023-Dec-6</u>		Veterinaire Specialisten N.J. Beijerink PhD DECVIM Cardiology Reutseplein 3, 5264 PN, Vught Tel: 013-5285900 Info@veterinairenspecialisten.nl
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ångsmyrågen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden		