



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
Cat's registered name Mi van de Moeshoek		Marie-Angelique van der Kooij-Scholten
Registration number NCT 2023-2002		Address Adorfer Str. 20
ID number, microchip or tattoo 276095611425440		Post code/City/State 49828 / Georgsdorf / Lower Saxony
Breed of cat Norwegian Forest Cat		Country Germany
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) [REDACTED]
Born (year-month-day) 2023-02-28		Email info@noorseboskatten.net
Sire Dragonlance's Elvis		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 2024-12-04
Dam Do-Re-Me Fra Jegere Drom		
Examination		Examination date (year-month-day) 2024-12-04
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment SE Vivid Q BT12
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>4.2</u> kg BCS <u>4/9</u>	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate <u>180</u> bpm	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe _____	
ECG Heart Frequency <u>211</u>	Subjective left atrial size	
IVSd <u>3.97</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LVIDd <u>16.24</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
LVFWd <u>3.83</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
IVSs <u>6.20</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LVIDs <u>10.39</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVFWs <u>7.48</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
SF <u>48 1/2</u>	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Ao <u>9.45</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles	
LA <u>14.02</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LA/Ao <u>1.48</u>	<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 _____		No echographic evidence of kidney disease (pho, c/w)
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 2024- Dec - 4		Veterinarian's name, clinic's name and address N.J. Beljerink, dierenarts VETERINAIRE SPECIALISTEN 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 Bästa, SE-781 95 BORLÅNGE, Sweden		