



# 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 Marie-Angelique van der Kooij-Scholten
Cat's registered name Bintje van de Moeshoek		Address Adorfer Str. 20
Registration number NCT 2019-2659		Post code/City/State 49828 Georgsdorf
ID number, microchip or tattoo 276095610431568		Country Germany
Breed of cat Norwegian Forest Cat		Phone (including country code) [REDACTED]
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email info@noorseboskatten.net
Born (year-month-day) 2019-07-10		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> <span style="float: right;"><b>Date</b></span> <span style="float: right; vertical-align: middle;">2022-Sep-20</span>
Sire Marivon Benjamin		
Dam River's Village Fergie		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		Examination date (year-month-day) 2022-Sep-20
On medication <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		Examination equipment SE vivid & B12
Weight <u>6.7</u> kg BCS <u>5/9</u> Heart rate <u>168</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>196</u> IVSd <u>4.29</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>21.35</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>5.11</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.84</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>8.76</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWS <u>7.85</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>59.06</u> Ao <u>10.56</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>13.02</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.23</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	
<b>Assessment (based on phenotype)</b> <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 (PLD, CIN)</u>	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not	Veterinarian's name, clinic's name and address <u>Dr. Nick Beijersma</u> <u>DVM, PhD, Dipl. ECVim</u>	
Veterinary's signature 	Date 2022-Sep-20	
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		