



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 Dragonlance's Elvis		Address Adorfer Str. 20
Registration number 16633LO		Post code/City/State 49828 Georgsdorf
ID number, microchip or tattoo 040098100599633		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) 2021-07-13		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 2022-Sep-20
Sire Dragonlance's Amarak Ulv		
Dam Dragonlance's Zarafina		
Examination		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2022-Sep-20
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment SE wind & BT12
Weight 4.1 kg BCS 5/9 Heart rate 180 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 208 IVSd 4.01 cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 14.05 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 3.65 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 7.12 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 7.12 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 7.30 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 49% Ao 9.40 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 13.19 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.40		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 No echographic evidence of kidney disease (PkD, cin)
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 2022-Sep-20		
Veterinary's name, clinic's name and address Dr. Mich Beyerink ovm, PhD, Dipl. ECVim		
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 BORLÄNGE, Sweden		