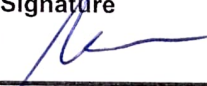





HCM/RCM screening within health programme

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 Tic Tac van de Moeshoek		Address Adorfer Str. 20
Registration number NCT 2019-2567		Post code/City/State 49828 Georgsdorf
ID number, microchip or tattoo 276095610451765		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) 2019-06-17		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 Wild Cat's Buffalo Springfield		
Dam Sweetie van de Moeshoek		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2022-Sep-20 Examination equipment JF vmd & BT12
Weight 4.8 kg BCS 5/9 Heart rate 192 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 182 IVSd 4.01 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 17.11 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 3.83 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.20 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 5.12 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 7.30 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 47% Ao 10.20 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 12.74 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.25		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, c/n)
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		
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		