



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 / Lower Saxony	
ID number, microchip or tattoo 276095610451765	Country Germany	
Breed of cat Norwegian Forest Cat	Phone (including country code) [REDACTED]	
☐ Male ☒ Not altered ☒ Female ☐ 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 cat's 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	
Sire Wild Cat's Buffalo Springfield		
Dam Sweetie van de Moeshoek		
Examination		
Sedated ☐ Yes, with: ☒ No	Examination date (year-month-day) 2024-12-04	
On medication ☐ Yes, with: ☒ No	Examination equipment SF vivid Q BT12	
Weight 4.5 kg BCS 4/9 Heart rate 168 bpm ☐ Dehydrated ☐ Pregnant ☐ Lactating ☐ Other, describe	Auscultation: ☒ Normal ☐ Gallop ☐ Murmur, characteristics Grade: I II III IV V VI ☐ Dynamic ☐ Static Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe	
ECG Heart Frequency 176 IVSd 4.20 cm ☒ mm ☒ M-mode ☐ 2-D LVIDd 14.05 ☒ M-mode ☐ 2-D LVFWd 3.83 ☒ M-mode ☐ 2-D IVSs 5.66 ☒ M-mode ☐ 2-D LVIDs 5.47 ☒ M-mode ☐ 2-D LVFWs 7.30 ☒ M-mode ☐ 2-D SF 61% Ao 9.50 ☐ M-mode ☒ 2-D LA 10.68 ☐ M-mode ☒ 2-D LA/Ao 1.12	Subjective left atrial size ☒ Normal ☐ Mild enlargement ☐ Moderate enlargement ☐ Severe enlargement Systolic anterior motion of the mitral valve ☐ yes ☒ no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration ☐ yes ☒ no Papillary muscles ☒ Normal ☐ Abnormal, moderate enlargement ☐ Abnormal, severe enlargement	
Assessment (based on phenotype)		Comments
☒ Normal ☐ Equivocal ☐ HCM ☐ Mild ☐ Moderate ☐ Severe ☐ RCM ☐ Other, describe		No echographic evidence of kidney disease (PhD, cin)
PawPeds' examination instructions has been followed Cat's identity verified ☒ yes ☐ no, describe why not Veterinary's signature _____ Date 2024-12-04		Veterinarian's name, clinic's name and address N.J. Beijerink, 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 Bäsna, SE-781 95 BORLÄNGE, Sweden		