



# 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 J. Brooshooft	AniCura SPECIALISTISCH VERWIJSCENTRUM	
Cat's registered name Oliver Bram van Floorenzo		Address HAAGLANDEN Rossinistraat 64		
Registration number BRKV 1311/004		Post code/City/State 2807 HK Gouda		
ID number, microchip or tattoo 528093490023992		Country The Netherlands	Frijdastraat 20a 2288 EZ Rijswijk	
Breed of cat British Shorthair		Phone (including country code) 0031-6-48387927	085 - 483 13 00 haaglanden@anicura.nl anicura.nl/haaglanden	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email jbrooshooft64@gmail.com		
Born (year-month-day) 2013-aug-16		I have read PawPeds' instructions for HCM screening and 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.		
Sire GIC Ying-Yang's Benjie		<b>Signature</b> 		
Dam Ying-Yang's Indi		<b>Date</b> 2020-Jan-21		
<b>Examination</b>		Examination date (year, month-day) 2020-jan-21		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment GE vivid Q BT12 + 7S-RS transducer		
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No				
Weight <u>4.8</u> kg    BCS <u>3/5</u> Heart rate <u>144</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>193</u> IVSd <u>4.09</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.06</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.09</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.99</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>9.49</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>4.67</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>41%</u> Ao <u>10.19</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>13.79</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.35</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>		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				
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 Dr. Niek Beijerink DVM PhD Dipl. ECVIM (Cardiology) AniCura Spec. Verwijscentrum Haaglanden Verrijn Stuaartlaan 27 2288 EK Rijswijk Tel. 085 - 483 1300		
Veterinary's signature  Date 2020-Jan-21				
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				