



HCM/RCM screening within health programme

NOTE! The pedigree needs to be registered in PawPeds' database before health testing.
Visit <https://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name <i>Catterya Quaddyck</i>
Cat's registered name <i>Kenza</i>		Address <i>Stationsweg 11</i>
Registration number <i>NRKV 20230495</i>		Post code/City/State <i>Kwadijk</i>
ID number, microchip or tattoo <i>S28140100619881</i>		Country <i>NL</i>
Breed of cat <i>Ragdoll</i>		Phone (including country code) <i>+31645288452</i>
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>info@catteryaquaddyck</i>
Born (year-month-day) <i>07-05-23</i>		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 <i>[Signature]</i> Date <i>19-3-26</i>
Sire <i>Mateo na kujawach</i>		
Dam <i>Raya van de HeefHevel</i>		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>19-3-26</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Vivid 19</i>
Weight <i>5,12</i> kg BCS <i>6/9</i> Heart rate <i>180</i> bpm <input type="checkbox"/> Dehydrated <input checked="" 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 <i>168</i> IVSd <i>4,16</i> <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>15,58</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>3,55</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>5,11</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>7,10</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>6,35</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>54,4</i> Ao <i>8,1</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <i>10,1</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <i>1,25</i>	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)		Comments <i>no signs of pvd</i>
<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 Veterinary's signature <i>[Signature]</i> Date		Veterinarian's name, clinic's name and address <i>A.E. V/d Watering</i>  DIERENKLINIEK HEERHUGOWAARD M. de Klerkweg 10A
For registration of the result, the veterinarian shall send a copy of this form to: <i>1703 DK Heerhugowaard</i> PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden		