



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 <u>Cattery Quadyck</u>
Cat's registered name <u>Honey</u>	Address <u>Stationsweg 11</u>	
Registration number <u>0463-03060372</u>	Post code/City/State <u>Kwadijk</u>	
ID number, microchip or tattoo <u>991003002804897</u>	Country <u>Kwadijk NL</u>	
Breed of cat <u>Ragdoll</u>	Phone (including country code) <u>+31645288452</u>	
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered	Email <u>info@catteryquadyck</u>	
Born (year-month-day) <u>9-11-2024</u>	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 <u>[Signature]</u> Date <u>19-03-26</u>	
Sire <u>Markcreek Bambam af Winderduene</u>		
Dam <u>Winderduene Pucky</u>		
Examination		Examination date (year-month-day) <u>19-03-2026</u>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment <u>GE vivid</u>	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>3,5</u> kg BCS <u>4/9</u> Heart rate <u>~200</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>255</u> IVSd <u>3,58</u> <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13,16</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>2,94</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6,12</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7,10</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>5,48</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>46,1</u> Ao <u>6,9</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>10,1</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1,45</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	
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 <u>no signs of phd</u>
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 <u>[Signature]</u> Date <u>19-03-26</u>		Veterinarian's name, clinic's name and address <u>A.E v/d Water</u>  DIERENKLINIEK HEERHUGOWAARD <u>M. de Klerkweg 10A</u> <u>1703 DK Heerhugowaard</u>
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		