

Mission Statement

To promote the acquisition and transfer of knowledge amongst the veterinary community world wide concerning the importance of blood pressure monitoring and clinical disorders of blood pressure regulation in companion animals.

HDO – BLOOD PRESSURE AND PULSE WAVE ANALYSIS (PWA)



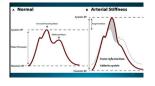
AWARD

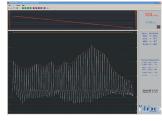
WHAT IS IT ALL ABOUT?

Veterinarians and Research Scientists from all over the world active in the area the relationship of blood pressure and pulse wave analysis (PWA), including but not limited to pharmacologic modelling, are invited to submit their work for the evaluation for the prize.

Consideration will be given to studies about:

- ✓ invasive vs. non-invasive pulse wave analysis
- ✓ PWA in cardiac arrhythmias
- ✓ PWA in early diagnosis of RAAS stimulation and related neurohormonal dysregulations
- ✓ PWA and systemic vascular resistance
- ✓ PWA and blood pressure in different diseases
- PWA and blood pressure in treatment decisions and follow -up controls etc.
- ✓ Interesting cases or long term trials are welcome. Small case series are acceptable.





High pre-systolic amplitudes indicating endothelial dysfunction.

PRIZE:

 \leq 5000 + invitation to travel to the ECVIM annual congress (including congress registration and 2 nights hotel accomodation) to receive the award during a short oral presentation.

SUBMISSION:

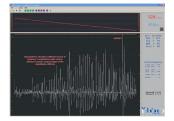
In form of the usual abstract format to beate.egner@t-online. de, where further information and details of assistance with HDO-Units can be obtained. Please consider submitting your work to the VBPS for consideration as Oral Presentation or Abstract for the ECVIM Congress as well. For further details, see also: https://www.vbps-online.com/news/

DEADLINE

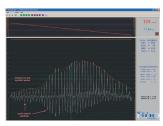
for submission: 31st July of each year

DECISION

made by the scientific committee: 20th August of each year



Dysrhythmia with a clear impact on stroke volume



Normal pulse wave distribution.

www.vbps-online.com

Co-Sponsor







REGISTRATION FORM to become a member of the VBPS

Surname	
Name	
Title/Position	
I work at	□ University □ Private Clinic □ Private Practice □ other
Name of the University (Clinic/Practice)	
l am	 Student DVM PhD DACVIM DECVIM other specialisation or title
Country	
ZIP or Postal Code	
City	
Street	
Phone 1	
Phone 2	
E-Mail	
Signatur / Date	
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