Patient Information

Owner's name: FÁNOS FÁBIÁN

Cat's registered name: JOANBENGAL BULGARI

Registration number: SBT 010217 032

ID number, microchip or tattoo: 643094100470272R45

Breed of cat: BENGAL

☒ Male ☐ Not altered
☐ Female ☐ Altered

Born (year-month-day): 2017. 01. 02.

Sire: MARIEBENGAL HUNTER FROM C.

Dam: MARIEBENGAL GOLDEN FOXY

Address: HATWAL u. 17.

Post code/City/State: 7627 PECS

Country: HUNGARY

Phone (including country code): +36203257747

Email: farhitekt@gmail.com

I have read PawPeds' instructions for HCM screening and are 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form.

Signature: Fabiáu Jáno   **Date:**

Examination

Examination date (year-month-day): 2018.03.06.

Sedated
☐ Yes, with: ☒ No

On medication
☐ Yes, with: ☒ No

Examination equipment: MINDROYDC8 8 MHz

Weight: 3,15 kg
Heart rate: 164 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

IVSd	4	☐ cm ☒ mm	☒ M-mode ☐ 2-D
LVIDd	16		☒ M-mode ☐ 2-D
LVFWd	4		☒ M-mode ☐ 2-D
IVSs	6		☒ M-mode ☐ 2-D
LVIDs	9 7		☒ M-mode ☐ 2-D
LVFWs	7		☒ M-mode ☐ 2-D
SF	45		
Ao	7		☐ M-mode ☒ 2-D
LA	14		☐ M-mode ☒ 2-D
LA/Ao	1,3		

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)

☒ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments:

HCM NEGATIVG

Veterinarian

PawPeds' examination instructions has been followed
Cat's identity verified ☐ yes ☐ no, describe why not

Signature: **Date:** 2018. 03. 06.

Veterinarian's name, clinic's name and address

ECHOCARD
Műszeres Diagnosztikai Centrum
1135 Bp., Lehel u. 43-47.
T.: 239-7065, 06-309-245-006

For registration of the result, the veterinarian shall send a copy of this form to: