

Patient Information

Owner's name FÁBIÁN FÁBIÁN	Cat's registered name HEAVEN LY ROSETTES LUNA
Address HATVÁZ U. 17.	Registration number HY-0294-305-1185-21901
Post code/City/State 7627 PÉCS	ID number, microchip or tattoo 3000850057922
Country HUNGARY	Breed of cat BEUCAL
Phone (including country code) +36 20 9251 747	<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Email fabuikelt@gmail.com	Born (year-month-day) 2014.01.01.
I have read PawPeds' instructions for HCM screening and am aware that I must inform the examiner about my cat's 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 _____ Date 2017.04.05.	Sire MÉRACAT UNICUM
	Dam PRASLIU HANGÓ

Examination

Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No	Examination date (year-month-day) 2018.04.05
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No	Examination equipment MINDRAY DC8 8MHz

Weight <u>4</u> kg Heart rate <u>160</u> bpm	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
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
IVSd <u>4</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>14</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>50</u> Ao <u>7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>12</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.2</u>	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)

Normal Equivocal
 HCM Mild Moderate Severe
 RCM
 Other, describe

Comments
HCM NEGATIVE

Veterinarian

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

Signature _____ Date 2018.04.05

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

MAGYAR ÁLLATORVOSI KAMARA
 Dr. Vrabély Tamás
 állatorvos
 1508

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