



HCM/RCM screening within health programme
 Participating clubs - see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>
 Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information	
Owner's name FABIAN JÁNOS	Cart's registered name LEOMINIPARD VENUS
Address HAJNAL UTCA 17	Registration number
Post code/City/State 7627, PÉCS	ID number - microchip or tattoo 900111881818528
Country HUNGARY	Breed of cat BENGAL
Phone (including country code) 36703358285	<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Email	Born (year-month-day) 2020-10-23
I have read PawPeds' instructions for HCM screening and am aware that I must inform the partner about my cat's health status and 25 kg or medication. I am aware that the results will be retained for the records of PawPeds. I authorize PawPeds to notify release of results from this form.	
Signature	Date
Examination	
Examined	Examination date (year-month-day) 2021.08.12
<input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment MINDRAY DC-8, 8 MHz.
<input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment
Weight 4,8 kg BCS _____	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop
Heart rate 160 bpm	<input type="checkbox"/> Murmur, characteristics
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous
ECG Heart Frequency 160	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe
IVSd 4 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size
LVIDd 16 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
LVPWd 5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
IVSs 7 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____
LVIDs 8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
LVPWs 8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles
SF 51	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
Ao 7 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA 13 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA/Ao 1,3	
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	
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	Date 2021.08.12
Comments HCM NEGATIVE	
Veterinarian's name, clinic's name and address DR VRABÉLY TAMÁS ECHOCARD BT. 1135, BUDAPEST, LEHEL UTCA 43-47	

For registration of the result, the veterinarian shall send a copy of this form to:
 PawPeds, c/o Olsson, Ångsmyrvägen 1 Bästa, SE-781 95 BORLÅNGE, Sweden

Rev 1.15 (en) 2017-05-07

Ultrasound Testing Result
Feline Autosomal Dominant Polycystic Kidney Disease (PKD) and
Chronic Interstitial Nephritis (CIN)

Full name of the cat, according to the registration LEOMINIPARD VENUS	
Breed: BENGAL	
Date of birth: 2020-10-23	Age at the examination: 1
Sex: FEMALE	Colour: BLACK SILVER SPOTTED TABBY
Identification number (microchip): 900111881818528	
Name, complete address and phone number of the owner: FÁBIÁN JÁNOS, 7627 Pécs, HAJNAL UTCA 17	
Date of examination: 2021.08.12	Transducer (8 MHz):
Left kidney:	Right kidney:
PKD:	PKD:
Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/>	Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/>
Number of cysts:	Number of cysts:
Size of the largest cyst present:	Size of the largest cyst present:
CIN:	CIN:
Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/>	Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/>
Size, surface, shape, structure:	Size, surface, shape, structure:
PKD-status for this cat (positive or negative): NEGATIVE	
CIN-status for this cat (positive or negative): NEGATIVE	
Comments/recommendations from the veterinarian:	
PKD NEGATIVE	
Name, complete address and phone number of the veterinarian: dr. Vrabély Tamás, Echocard Műszeres Diagnosztikai Centrum, 1135 Budapest, Lehel utca 43-47., +36309245006	
Signature of the veterinarian: <i>[Handwritten Signature]</i>	

