



Patient Information		Owner's name FÁBIÁN JÁNOS
Cat's registered name NEW ESCADA OCLUS		Address HAJNAL UTCA 7
Registration number		Post code/City/State 7627, PÉCS
ID number, microchip or tattoo 616093400106626		Country HUNGARY
Breed of cat BENGAL		Phone (including country code) +36209851747
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email
Born (year-month-day) 2020.08.17		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 _____
Sire		
Dam		
Examination		Examination date (year-month-day) 2022.03.29
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment MINDRAY DC-8
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight _____ kg BCS _____ Heart rate 155 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 _____ IVSd 4 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 14 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 7 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 49 Ao 7 <input type="checkbox"/> cm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 12 <input type="checkbox"/> cm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 0,9		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 type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration <input type="checkbox"/> yes <input 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)		Comments HCM NEGATIVE
<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		Veterinarian's name, clinic's name and address DR. VRABÉLY TAMÁS
Veterinary's signature _____ Date 2022-03-29		

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

Full name of the cat, according to the registration paper: NEW ESCADA OCLUS	
Breed: BENGAL	
Date of birth: 2020 08 17	Age at the examination: 1
Sex: FEMALE	Colour: SILVER SPOTTED
Identification number (microchip): 616093400106626	
Name, complete adress and phone number of the owner: FÁBIÁN JÁNOS 7627 PÉCS HAJNAL UTCA 17, +36209851747	
Date of examination: 2020.03.29	Transducer (MHz): 8
Left kidney: PKD: Positive <input type="checkbox"/> Negative X Number of cysts: Size of the largest cyst present: CIN: Positive <input type="checkbox"/> Negative X Size, surface, shape, structure: normal	Right kidney: PKD: Positive <input type="checkbox"/> Negative X Number of cysts: Size of the largest cyst present: CIN: Positive <input type="checkbox"/> Negative X Size, surface, shape, structure: normal
PKD-status for this cat (positive or negative): NEGATIVE	
CIN-status for this cat (positive or negative): NEGATIVE	
Comments/recommendations from the veterinarian:	
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:	

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

