Visit http://www.pawpeds.com/healthprogrammes/ for more information

Patient Information

Cat's registered name: QUICK HUNTERS MIGRATION

Registration number: SBT 051415 067

ID number, microchip or tattoo: 643090000009096

Breed of cat: BENGAL

☒ Male ☐ Not altered
☐ Female ☐ Altered

Born (year-month-day):

Sire:

Dam:

Owner's name: NIKOLETTA NÉMETH/JÁNOS FÁBIÁN

Address: HATVAL STREET 17.

Post code/City/State: 7627 PÉCS

Country: HUNGARY

Phone (including country code): +36209851747

Email: farkitekt@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 Fábián János **Date** 2017.04.06.

Examination

Examination date (year-month-day): 2017 04 06.

Examination equipment: MINIPRAY DC8 IMAGE

Sedated
☐ Yes, with: ☐ No

On medication
☐ Yes, with: ☐ No

Weight 5 kg

Heart rate 130 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	12		☒ M-mode ☐ 2-D
LVFWd	4		☒ M-mode ☐ 2-D
IVSs	6		☒ M-mode ☐ 2-D
LVIDs	7		☒ M-mode ☐ 2-D
LVFWs	6		☒ M-mode ☐ 2-D
SF	42		
Ao	6		☐ M-mode ☒ 2-D
LA	12		☐ M-mode ☒ 2-D
LA/Ao	1,4		

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 NEGATIVE

Veterinarian

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

Signature **Date** 2017.04.06.

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

MAGYAR ÁLLATORVOSI KAMARA 1503 Dr. Virágvölgyi Tamás állatorvos

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