



Patient Information		Owner's name NIKOLETTA NEMETH / FÁBIÁN FÁBIÁN
Cat's registered name ALFACAT UNICUM		Address HAFNAL STREET 17.
Registration number SBT 112515020		Post code/City/State 7627 PECS
ID number, microchip or tattoo 972270000305110		Country HUNGARY
Breed of cat BENGAL		Phone (including country code) +36209851747
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email farhitek@gmail.com
Born (year-month-day) 25/11/2015		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 <i>Fabian</i> Date 2017.04.06.
Sire ALFACAT RAJAN		
Dam ALFACAT OLSENIA		

Examination		Examination date (year-month-day) 2017 04. 06.
Sedated <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		Examination equipment MINDRAY DC8 JMM
On medication <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		

Weight <u>7</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop
Heart rate <u>200</u> bpm	<input type="checkbox"/> Murmur, characteristics
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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

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>15</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>7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7</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>19</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.4</u>	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 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 type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
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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	

Veterinarian		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input type="checkbox"/> yes <input type="checkbox"/> no, describe why not		ECHOCARD Műszeres Diagnosztikai Centrum 1135 Bp., Lehel u. 43-47. T.: 239-7065, 06-309-245-006
Signature <i>Fabian</i>	Date 2017 04 06	

