

<b>Patient Information</b>		Owner's name NIKOLETTA NEMETH
Cat's registered name PRASLIN ROGUE	Address OUDE POLDERWEG 159	
Registration number SBT 050816 009	Post code/City/State 2493 BD DEN HAAG	
ID number, microchip or tattoo J221004470 J20 MLD	Country THE NETHERLANDS	
Breed of cat BENGAL	Phone (including country code)	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered	Email	
Born (year-month-day) 2016. 05. 08.	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.	
Sire RISNSUN CAVIAR	Signature	Date
Dam LANBORGHINA OF DRESSYCATS		
<b>Examination</b>		Examination date (year-month-day) 2018. 03. 06.
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment MILDREY DCF 8MHz	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>6</u> kg Heart rate <u>145</u> 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	
IVSd <u>4</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <u>15</u> LVFWd <u>4</u> IVSs <u>7.5</u> LVIDs <u>6</u> LVFWs <u>50</u> SF <u>7</u> Ao <u>7</u> LA <u>14</u> LA/Ao <u>1.3</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	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 type="checkbox"/> no Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
<b>Assessment (based on phenotype)</b> <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	Comments HCM NEGATIVE	
<b>Veterinarian</b>	Veterinarian's name, clinic's name and address	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" 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 Dr. Vrabely Tamás 1508	Date 2018. 03. 06.	MAGYAR ÁLLATORVOSI KAMARA Dr. Vrabely Tamás Állatorvos 1508

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