



**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	
Cat's registered name <b>TOMCAT BENGAL ARCTIC</b>		<b>FÁBIÁN JÁNOS</b>	
Registration number		Address <b>HAJNAL UTCA 17</b>	
ID number, microchip or tattoo <b>941000021995182</b>		Post code/City/State <b>7627, PÉCS</b>	
Breed of cat <b>BENGAL</b>		Country <b>HUNGARY</b>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) <b>36703358285</b>	
Date of birth (year-month-day) <b>2020-08-05</b>		Email	
Sex		Signature _____ Date _____	
I am _____		I have read PawPeds' instructions for HCM screening and see aware that I must inform the examiner about my cat's health status and fill in or 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.	
Examination		Examination date (year-month-day)	
Sedated <input type="checkbox"/> Yes, with: _____ <input type="checkbox"/> No		<b>2021.08.12</b>	
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment <b>MINDRAY DC-8, 8 MHz</b>	
Weight <b>6,5</b> kg BCS _____	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	
Heart rate <b>168</b> bpm	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe _____	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement		
ECG Heart Frequency <b>168</b>	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
IVSd <b>4</b> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____		
LVIDd <b>18</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
LFWd <b>5</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
IVSs <b>7</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Comments <b>HCM NEGATIVE</b>		
LVIDs <b>11</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	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 _____		
LFWs <b>7</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____		
SF <b>41</b>	Veterinarian's name, clinic, address, phone number, fax, e-mail, website <b>DR VRABÉLY TAMÁS, ECHOCARD BT, 1135, BUDAPEST, LEHEL UTCA 43-47</b>		
Ao <b>7</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Veterinarian's signature _____ Date <b>20210812</b>		
LA <b>13</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Angströmyrsvägen 1 Båsnå, SE-781 95 BÖRLANGE, Sweden		
LVAo <b>1,1</b>	Rev 1.15 (en) 2017-05-07		

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

Full name of the cat, according to the registration <b>TOMCAT BENGAL ARCTIC</b>	
Breed: <b>BENGAL</b>	
Date of birth: <b>2020-08-05</b>	Age at the examination: <b>1</b>
Sex: <b>MALE</b>	Colour: _____
Identification number (microchip): <b>941000021995182</b>	
Name, complete address and phone number of the owner: <b>FÁBIÁN JÁNOS, 7627 Pécs, HAJNAL UTCA 17</b>	
Date of examination: <b>2021.08.12</b>	Transducer (8 MHz): _____
Left kidney: PKD: Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Number of cysts: _____ Size of the largest cyst present: _____	Right kidney: PKD: Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Number of cysts: _____ Size of the largest cyst present: _____
CIN: Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Size, surface, shape, structure: _____	CIN: Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Size, surface, shape, structure: _____
PKD-status for this cat (positive or negative): <b>NEGATIVE</b>	
CIN-status for this cat (positive or negative): <b>NEGATIVE</b>	
Comments/recommendations from the veterinarian: <b>PKD NEGATIVE</b>	
Name, complete address and phone number of the veterinarian: <b>dr. Vrábely Tamás, Echocard Műszeres Diagnosztikai Centrum, 1135 Budapest, Lehel utca 43-47., +36309245006</b>	
Signature of the veterinarian: _____	

