




Patient Information		Owner's name <i>Nicole Mein</i>	
Cat's registered name <i>Samel bengal Chadia</i>		Address <i>Bruderholz rein 6</i>	
Registration number <i>SBT 113012016</i>		Post code/City/State <i>4102 Binningen</i>	
ID number, microchip or tattoo <i>956000008858154</i>		Country <i>Switzerland</i>	
Breed of cat <i>Bengal</i>		Phone (including country code) <i>+41 61 421 31 86</i>	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>bengal@meinereisen.com</i>	
Born (year-month-day) <i>30.11.12</i>		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>N. Mein</i> Date <i>06.02.17</i>	
Sire <i>Anjali Firecracker</i>			
Dam <i>Silvengungle Black Perle</i>			
Examination		Examination date (year-month-day) <i>2017-2-8</i>	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Vivid 9</i>	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight <u><i>3,5</i></u> kg Heart rate <u><i>184</i></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><i>4,4</i></u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <u><i>16,2</i></u> LVFWd <u><i>4,4</i></u> IVSs <u><i>6,6</i></u> LVIDs <u><i>9,3</i></u> LVFWs <u><i>6,8</i></u> SF <u><i>43%</i></u> Ao <u><i>8,4</i></u> LA <u><i>9,9</i></u> LA/Ao <u><i>1,18</i></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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
Assessment (based on phenotype)		Comments <i>Normal systolic and diastolic cardiac function.</i>	
<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 checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature <i>S. Riesen</i> Date <i>2017-2-8</i>		 Kardio Vet Dr. Simone Jenni Dr. med. vet. Resident ECVIM <small>Dr. Sabine Riesen Dr. med. vet. PhD, Dipl. ECVIM</small>	