



Patient Information		Owner's name
Cat's reg: Schmidt Bärbel Registra: Mühlackerweg 1 D-78176 Blumberg ID numb: P:0049 7702 477 122 M:0049 Breed of: KG 2204333-101 / 229033-29 Katze, Bengal, F, 'Wild Orchid Leilani' 20.07.11 / 1J, 9M <input type="checkbox"/> Mal <input type="checkbox"/> Fer Born (ye) Eintritt: 15.05.2013 CHIP: 756093100471872	Schmidt Bärbel Mühlackerweg 1 78176 Blumberg Germany Phone (including country code): 0049 7702 477122 Email: info@malawi-bengals.com	
Sire: _____ Dam: _____		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>B. Schmidt</i> Date: 15.05.13
Examination		Examination date (year-month-day)
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		2013-May-15 Examination equipment: E.E. covered +
Weight: <u>4.28</u> kg Heart rate: <u>160</u> bpm <input type="checkbox"/> Dehydrated <input checked="" 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>4.7</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd: <u>18.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd: <u>4.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs: <u>6.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs: <u>11.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs: <u>5.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF: <u>36</u> LA: <u>9.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao: <u>1.4</u> <input checked="" type="checkbox"/> M-mode <input 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 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
<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		
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not: _____ Signature: <i>[Signature]</i> Date: 15-5-13		Veterinarian's name, clinic's name and address Vetsuisse-Fakultät Universität Zürich Klinik für Kardiologie Abteilung für Kardiologie Winterthurerstrasse 260 CH-8057 Zürich