

This form may be used to document test results but please only sign it if you chose to share your data with the Sphynx HCM Databases. Sharing test results is completely voluntary and can be done at any time.



CAT INFORMATION		OWNER INFORMATION	
Cat's Registered Name: <u>Black Mtn Bengals Chloe</u>		Owner's Name: <u>Janet Rennecker</u>	
Registration n°: <u>SBT 01116 042</u>		Address: <u>15038 Hesta St.</u>	
Microchip ID number or tattoo:		City, State/Province, Zip Code, Country: <u>Poway, CA 92064</u>	
Breed: <u>Bengal</u> Color/Pattern: <u>Silver mink spotted</u>		Phone: <u>858 254-0544</u>	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> altered <input checked="" type="checkbox"/> not altered		Email: <u>irennecker2@gmail.com</u>	
Date of Birth: <u>1-11-16</u>		I am the owner of this cat and authorize that these results can will be published on the HCM databases and/or used in research. Signature : Date:	
Sire: <u>Max</u>			
Dam: <u>Brooke</u>			
EXAMINATION		Examination Date: <u>12/9/16</u>	
Sedated : <input type="checkbox"/> Yes, with : <input checked="" type="checkbox"/> No		Examination Equipment: <u>ICE33</u>	
Weight : <input type="checkbox"/> KG <input type="checkbox"/> LB Heart rate : bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Lactating <input checked="" type="checkbox"/> Pregnant <input type="checkbox"/> Other describe :		Auscultation : <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur/characteristics : Grade : <u>I</u> <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input checked="" type="checkbox"/> dynamic <input type="checkbox"/> static Timing : <input checked="" type="checkbox"/> systolic <input type="checkbox"/> diastolic <input type="checkbox"/> both <input type="checkbox"/> Continuous Location : <input type="checkbox"/> left apex <input type="checkbox"/> left base <input type="checkbox"/> Other, Describe : <u>Transient</u>	
IVSd <u>5.13</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>14.8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>5.23</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.24</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>8.89</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>89.9%</u> Ao <u>8.6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>11.7</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.36</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		VETERINARIAN INFORMATION	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> HCM Positive: <input type="checkbox"/> Equivocal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate Comments : <input type="checkbox"/> severe		Name: <u>João Orvalho</u> Clinic Name: <u>UCVMC-SD</u> Address, City State, Zip: <u>San Diego, CA</u>	
<input type="checkbox"/> No HCM but other cardiac problem Comments : <input checked="" type="checkbox"/> Next visit <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year		Signature : Date : <u>12/9/16</u>	
Cat's identity verified : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe :			
If you have signed above and wish to share your test results, please fax this form to 888-371-8251 or email it to: French Sphynx Club - HCM Database http://www.scf-fr.net/sphynxmanager Email: database@scf-fr.net Sphynx /Rex Breeders - HCM Database http://sphynxrexbreeders.nl Email: mikisanukis@home.nl			