



Hypertrophic Cardiomyopathy (HCM) Test Results

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 Sasha</u>		Owner's Name: <u>Janet Rennecker</u>	
Registration n°: <u>SBT 062214 032</u>		Address: <u>15038 Hesta St.</u>	
Microchip ID number or tattoo: <u>N/A</u>		City, State/Province, Zip Code, Country: <u>Poway, CA 92064</u>	
Breed: <u>Bengal</u> Color/Pattern: <u>Brown Sp.</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>jrennecker2@gmail.com</u>	
Date of Birth: <u>6-22-14</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: <u>[Signature]</u> Date: <u>4/21/17</u>	
Sire: <u>Brissinger</u>			
Dam: <u>Sunny</u>			
EXAMINATION		Examination Date:	
Sedated : <input type="checkbox"/> Yes, with : <input checked="" type="checkbox"/> No		Examination Equipment:	
Weight : <input type="checkbox"/> KG <input type="checkbox"/> LB		Auscultation :	
Heart rate : bpm		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
<input type="checkbox"/> Dehydrated		<input type="checkbox"/> Murmur/characteristics :	
<input type="checkbox"/> Lactating		Grade : I II III IV V VI <input type="checkbox"/> dynamic <input type="checkbox"/> static	
<input type="checkbox"/> Pregnant		Timing : <input type="checkbox"/> systolic <input type="checkbox"/> diastolic <input type="checkbox"/> both	
<input type="checkbox"/> Other describe :		<input type="checkbox"/> Continuous	
IVSd <u>5.3</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		Location : <input type="checkbox"/> left apex <input type="checkbox"/> left base <input type="checkbox"/> Other, Describe :	
LVIDd <u>14.3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		- Subjective left atrial size :	
LVFWd <u>4.3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		<input checked="" type="checkbox"/> Normal	
IVSs <u>7.1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		<input type="checkbox"/> Mild enlargement	
LVIDs <u>7.3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		<input type="checkbox"/> Moderate enlargement	
LVFWs <u>7.9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		<input type="checkbox"/> Severe enlargement	
SF <u>48.6%</u>		- Systolic anterior motion of the mitral valve : <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Ao <u>1.02 cm</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		If yes, LV outflow tract flow velocity (Doppler):	
LA <u>1.29 cm</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		- End-systolic cavity obliteration :	
LA/Ao <u>1.26</u>		<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:		Name: <u>Dr. Joao Orvalho</u>	
<input type="checkbox"/> Equivocal		Clinic Name: <u>UCVMC-SD</u>	
Comments :		Address, City State, Zip: <u>10435 Sorrento Valley Rd. Ste. 101 San Diego, Ca 92121</u>	
<input type="checkbox"/> No HCM but other cardiac problem		Signature : <u>[Signature]</u>	
Comments :		Date : <u>5/21/17</u>	
<input checked="" type="checkbox"/> Next visit			
<input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year			
Cat's identity verified :			
Describe :			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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			

Hairless Hearts is a community of sphynx lovers dedicated to combatting HCM.

If you need HCM support or would like to join our efforts to scan 2012 sphynx in 2012, please contact us. www.hairlesshearts.org