



**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.

<b>CAT INFORMATION</b>	<b>OWNER INFORMATION</b>
Cat's Registered Name: <u>TecSpot Hunter</u>	Owner's Name: <u>Janet Rennecker</u>
Registration n <sup>o</sup> : <u>SBT 082016052</u>	Address: <u>15038 Hesta St.</u>
Microchip ID number or tattoo:	City, State/Province, ZipCode, Country: <u>Poway, CA 92064</u>
Breed: <u>Bengal</u> Color/Pattern: <u>Brown spotted</u>	Phone: <u>858 254-0544</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> altered <input checked="" type="checkbox"/> not altered	Email: <u>jrennecker2@gmail.com</u>
Date of Birth: <u>8-20-16</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. <b>Signature :</b>  <b>Date:</b>
Sire:	
Dam:	
<b>EXAMINATION</b>	
Sedated : <input type="checkbox"/> Yes, with : <input checked="" type="checkbox"/> No	Examination Date: <u>12/19/18</u>
Weight : ..... <input type="checkbox"/> KG <input type="checkbox"/> LB Heart rate : ..... bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Lactating <input type="checkbox"/> Pregnant <input type="checkbox"/> Other describe :	Examination Equipment: <u>ICE33</u> <b>Auscultation :</b> <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 <input type="checkbox"/> left base <input type="checkbox"/> Other, Describe :
IVSd <u>4.4</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>17.2</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.06</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>10.5</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.98</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>39.%</u> Ao <u>9.1</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>12</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.32</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 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
<b>ASSESSMENT</b>	<b>VETERINARIAN INFORMATION</b>
<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>Joao Orvalho</u>
<input type="checkbox"/> No HCM but other cardiac problem Comments :	Clinic Name: <u>UCUMC-SD</u>
<input checked="" type="checkbox"/> Next visit <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year	Address, City State, Zip: <u>San Diego, CA</u>
Cat's identity verified : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe :	Signature : Date : <u>12/19/18</u>
<b>If you have signed above and wish to share your test results, please fax this form to <u>888-371-8251</u> or email it to:</b>	
French Sphynx Club - HCM Database   <a href="http://www.scf-fr.net/sphynxmanager">http://www.scf-fr.net/sphynxmanager</a>   Email: <a href="mailto:database@scf-fr.net">database@scf-fr.net</a> Sphynx/Rex Breeders - HCM Database   <a href="http://sphynxrexbreeders.nl">http://sphynxrexbreeders.nl</a>   Email: <a href="mailto:mikisanukis@home.nl">mikisanukis@home.nl</a>	