

<b>Patient Information</b>		Owner's name <u>Meghan Walls</u>
Cat's registered name <u>Fractal StarKiller Echo of Elysian</u>		Address <u>534 Parson Branch Road</u>
Registration number <u>SBT 092716 037</u>		Post code/City/State <u>Green Mountain NC 28740</u>
ID number, microchip or tattoo <u>933000120Δ86322</u>		Country <u>USA</u>
Breed of cat <b>Bengal</b>		Phone (including country code) <u>772 917 2767</u>
Male <input type="checkbox"/>	Not altered <input checked="" type="checkbox"/>	Email <u>elysianbengals@icloud.com</u>
Female <input checked="" type="checkbox"/>	Altered <input type="checkbox"/>	
Born (year-month-day) <u>2016-09-27</u>		I (owner) am 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 bengal-data. I authorize bengal-data.com to publicly release all results from this form. <b>Owner's signature</b> _____ <b>Date</b> <u>3/28/2022</u>
Sire's registered name: <u>RW SGC Fractal Free to Be</u>		
Sire's registration number: <u>SBT 070410 032</u>		
Dam's registered name: <u>Fractal Bellatrix</u>		Examination date (year-month-day) <u>2022-03-28</u>
Dam's registration number: <u>SBT 122211 021</u>		Examination equipment

Patient sedated No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> with:	Patient on medication No <input type="checkbox"/> Yes <input type="checkbox"/> with:
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Weight <u>5.27</u> kg	Auscultation: Normal <input checked="" type="checkbox"/> Gallop <input type="checkbox"/> Murmur <input type="checkbox"/> Characteristics: Grade: I II III IV V VI Dynamic <input type="checkbox"/> Static <input type="checkbox"/> Timing: Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous <input type="checkbox"/> Location: Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other <input type="checkbox"/> Describe:
Heart rate <u>200</u> bpm	
Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/>	
Lactating <input type="checkbox"/>	

IVSd <u>4.08</u> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	Subjective left atrial size Normal <input checked="" type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement <input type="checkbox"/> Systolic anterior motion of the mitral valve yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Papillary muscles Normal <input checked="" type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement <input type="checkbox"/>
LVIDd <u>15.3</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	
LVPWd <u>4.7</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	
IVSs <u>7.7</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	
LVIDs <u>8.4</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	
LVPWs <u>7.7</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	
SF <u>45</u>	
Ao <u>0.9</u> M-mode <input type="checkbox"/> 2-D <input checked="" type="checkbox"/>	
LA <u>1.1</u> M-mode <input type="checkbox"/> 2-D <input checked="" type="checkbox"/>	
LA/Ao <u>1.2</u>	

**Assessment (based on phenotype)**

Normal  Equivocal   
 HCM  Mild  Moderate  Severe   
 RCM   
 Other  Describe:

Comments:

Recheck exam:  
6 months  1 year  Other  When?

**Cardiologist**

Cat's identity verified: yes  no   
 If no, describe why:

Signature \_\_\_\_\_ Date 03/28/2022

Veterinarian's name, clinic's name and address, official stamp:

**Charlotte Animal Referral & Emergency**  
**3726 Latrobe Drive**  
**Charlotte, NC 28211**

Important: for registration of the result, the cardiologist shall mail a pdf-copy of this form (fully completed) to: