

Patient Information		Owner's name Meghan Waals
Cat's registered name Elysian Stormcast Eternal aka Nali		Address 534 Parson Branch Road
Registration number CON 071321 002		Post code/City/State Green Mounta NC 28740
ID number, microchip or tattoo		Country United States
Breed of cat Bengal x ASH x EGYPTIAN		Phone (including country code) 717 917 2767
Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered <input type="checkbox"/>		Email elysianbengals@icloud.com
Born (year-month-day) 7/13/2021		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. Owner's signature _____ Date 6/12/2022
Sire's registered name: Elysian Dark Genesis		
Sire's registration number: SBT 041619 017		
Dam's registered name: Rowan Maverick By Design Of Elysian		
Dam's registration number BON 102816 062		Examination date (year-month-day) 2022.6.13
Patient sedated No <input type="checkbox"/> Yes <input type="checkbox"/> with:		Examination equipment mindray m6 vet
Patient on medication No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> with:		
Weight <u>3.3</u> kg Heart rate <u>170</u> bpm Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/>	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:	
IVSd <u>3.4 mm</u> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/> LVIDd <u>14.8 mm</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/> LVFWd <u>3.9 mm</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/> IVSs <u>6.1 mm</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/> LVIDs <u>7.5 mm</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/> LVFWs <u>5.4 mm</u> M-mode <input checked="" type="checkbox"/> 2-D <input type="checkbox"/> SF <u>49%</u> Ao <u>10.7 mm</u> M-mode <input type="checkbox"/> 2-D <input checked="" type="checkbox"/> LA <u>14 mm</u> M-mode <input type="checkbox"/> 2-D <input checked="" type="checkbox"/> LA/Ao <u>1.34</u>	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) <u>0.91 m/sec</u> 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"/>	
Assessment (based on phenotype) Normal <input checked="" 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 <input type="checkbox"/> Describe:		Comments: <u>No evidence of congenital or acquired heart disease.</u> Recheck exam: 6 months <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> Other <input type="checkbox"/> When?
Cardiologist Cat's identity verified: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If no, describe why: <u>No microchip/tattoo identified</u> Signature <u>Corrie Barker</u> Date <u>6.13.22</u> DVM, DACVIM (SAIM)		
		Veterinarian's name, clinic's name and address, official stamp: <u>Corrie Barker, DVM, DACVIM (SAIM)</u> <u>Woodlands Veterinary Referral</u> <u>1020 Woodlands Road</u> <u>Watkinsville, GA 30677</u> Important: for registration of the result, the cardiologist shall mail a pdf copy of this form (fully completed) to the registrar.