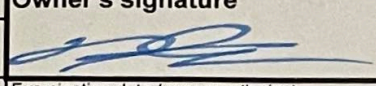
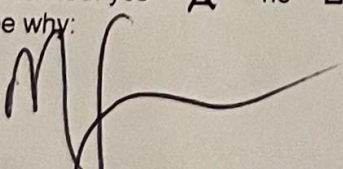


Patient Information		Owner's name	Meghan Waals	
Cat's registered name		Silverstorm Crown Jewels of Elysian	Address	534 Parson Branch Road
Registration number		SBT 010517 007	Post code/City/State	Green Mountain NC 28740
ID number, microchip or tattoo		953010001906057	Country	USA
Breed of cat		Bengal	Phone (including country code)	717 917 2767
Male <input type="checkbox"/>	Not altered <input type="checkbox"/>	Email		elysianbengals@icloud.com
Female <input type="checkbox"/>	Altered <input checked="" type="checkbox"/>	Born (year-month-day)		2017-01-05
Sire's registered name		Snowstormuk Otto The Great	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.	
Sire's registration number		SBT 042715 020	Owner's signature	Date
Dam's registered name		Silverstorm Arctic Mirage		10/3/2022
Dam's registration number		SBT 101915 042	Examination date (year-month-day)	
Patient sedated		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> with:	Examination equipment	
Patient on medication		No <input type="checkbox"/> Yes <input type="checkbox"/> with:	Philips Epiq 7c	

Weight	5.18 kg	Auscultation:
Heart rate	210 bpm	Normal <input checked="" type="checkbox"/> Gallop <input type="checkbox"/> Murmur <input type="checkbox"/> Characteristics:
Dehydrated <input type="checkbox"/>	Pregnant <input type="checkbox"/>	Grade: I II III IV V VI Dynamic <input type="checkbox"/> Static <input type="checkbox"/>
Lactating <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	4.70 cm <input type="checkbox"/> mm <input checked="" type="checkbox"/>	M-mode	<input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	Subjective left atrial size
LVIDd	15.0	M-mode	<input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>
LVFWd	5.34	M-mode	<input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	Mild enlargement <input type="checkbox"/>
IVSs	7.12	M-mode	<input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	Moderate enlargement <input type="checkbox"/>
LVIDs	7.76	M-mode	<input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	Severe enlargement <input type="checkbox"/>
LVFWs	7.63	M-mode	<input checked="" type="checkbox"/> 2-D <input type="checkbox"/>	Systolic anterior motion of the mitral valve yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
SF	48.3%			If yes, LV outflow tract flow velocity (Doppler) _____
Ao	9	M-mode	<input type="checkbox"/> 2-D <input checked="" type="checkbox"/>	End-systolic cavity obliteration yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
LA	11	M-mode	<input type="checkbox"/> 2-D <input checked="" type="checkbox"/>	Papillary muscles
LA/Ao	1.22			Normal <input checked="" type="checkbox"/>
				Abnormal, moderate enlargement <input type="checkbox"/>
				Abnormal, severe enlargement <input type="checkbox"/>

Assessment (based on phenotype)	Comments:
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:	
	Recheck exam:
	6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other <input checked="" type="checkbox"/> When? None

Cardiologist		Veterinarian's name, clinic's name and address, official stamp:
Cat's identity verified: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		
If no, describe why:		
Signature	Date	
	16/3/2022	Important: for registration of the result, the cardiologist shall mail a pdf-copy of this form (fully completed) to: healthreports@bengal-data.com