



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: GC Kaylee's Breathless of Olivewar		Owner's Name: Kathy Pritchard	
Registration n°: 0909-01769470		Address: 7017 South Shade Tree Ln	
Microchip ID number or tattoo:		City, State/Province, ZipCode, Country: Spotsylvania, VA 22551	
Breed: Cornish Rex		Phone: (540) 582-2614	
Color/Pattern: Black		Email: smalltimenews@msn.com	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> altered <input checked="" type="checkbox"/> not altered		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.	
Date of Birth: 10/29/12		Signature: Kathy Pritchard	
Sire: GC RW Kaylee's Rhinestone Cowboy		Date: 10/19/14	
Dam: CH Kaylee's HOT TO TROT		Examination Date: 10/19/14	
EXAMINATION		VETERINARIAN INFORMATION	
Sedated: <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination Equipment: <i>vidi echo</i>	
Weight: 2.53 <input checked="" type="checkbox"/> KG <input type="checkbox"/> LB Heart rate: 226 bpm		Auscultation: <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:	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Lactating <input type="checkbox"/> Pregnant <input type="checkbox"/> Other describe:		- Subjective left atrial size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement	
IVSd 0.4 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		- Systolic anterior motion of the mitral valve: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler):	
LVIDd 1.4 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		- End-systolic cavity obliteration: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVFWd 0.4 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		- Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
IVSs 0.6 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LVIDs 0.7 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LVFWs 0.6 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
SF 49 %			
Ao 1.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA 1.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA/Ao 1.08			
ASSESSMENT		VETERINARIAN INFORMATION	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal Comments:		Name: EVA BIKORSKA	
<input type="checkbox"/> No HCM but other cardiac problem Comments:		Clinic Name: Pittsburgh Veterinary Specialty and Emergency Center	
Cat's identity verified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Address, City, State, Zip: 807 Camp Horne Rd Pittsburgh, PA 15237	
Describe:		Signature: <i>[Signature]</i> Date: 19 Oct 2014	
<input type="checkbox"/> HCM Positive: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> severe			
<input checked="" type="checkbox"/> Next visit <input checked="" type="checkbox"/> 6 months <input type="checkbox"/> 1 year			

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