

Patient Information	Owner's name Andreas Müller	
Cat's registered name	Address	
Silvertrace Basia	Am Brunnen 9	
Registration number	Post code/City/State	
SBT 032120 102	96484 Meeder	
ID number, microchip or tattoo 941000023074552	Country	
941000023074332 Breed of cat	Germany Phone (including country code)	
Bengal	+49 9566 807820	
Male Not altered	Email	
Female Altered	kontakt@bengalenkatzen.de	
Born (year-month-day)	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am	
2020-03-21	aware that the results will be retained by PawPeds and that they will handle my	
Batifoleurs Marvel	personal data. I authorize PawPeds to publicly release the results from this form.  Signature  Date	
Dam	1. 1/1	
Brownsugar Be Cinderella	Mull 13.11.2021	
Examination	Examination date (year-month-day)	
Sedated 2	Examination equipment,	
Yes, with:	USVIO (	
On medication  Yes, with:		
Weight 37 kg BCS 5 Auscultation:	Gallop	
Heart rate 160 bpm Murmur, characteri		
Grade: 1 III	IV V VI Dynamic Static	
□ Dehydrated □ Pregnant □ Timing: □ Systo		
	apex (sternum) Left Base Other, describe	
ECG Heart Frequency   CO   IVSd   4,9   cm   2-D   Cm   M-mode   2-D   CM   M-mode   2-D   CM   M-mode   2-D   CM   CM   CM   CM   CM   CM   CM   C	Subjective left atrial size   Normal	
Assessment (based on phenotype)	Comments	
Normal Equivocal		
HCM Mild Moderate Severe		
□RCM		
Other, describe		
PawPeds' examination instructions has been followed	Veterinarian's name, clinic's name and address	
Cat's identity verified yes no, describe why not		
Veterinary's signature Date		
DULY ZYMILS	Killieli	
For registration of the result, the veterinarian shall send a copy	of this form to:	

PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden



Patient Information	Owner's name Andreas Müller	
Cat's registered name Nauri Vom Weinberg Of Silvertrace	Address Am Brunnen 9	
Registration number	Post code/City/State	
SBT 030319 100	96484 Meeder	
ID number, microchip or tattoo 953000010322728	Germany Country	
Breed of cat  Bengal	Phone (including country code) +49 9566 807820	
Male Not altered	Email	
Female Altered	kontakt@bengalenkatzen.de	
Born (year-month-day) 2019-03-03	If have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am	
Sire	aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form.	
CH Traipse Hail Of Silvertrace	Signature Date	
Miley Vom Weinberg	/w/M 13.11.2021	
Examination	Examination date (year-month-day)	
Sedated 2	Examination equipment	
Yes, with:	Ucuid i	
On medication Ves, with:		
☐ Dehydrated ☐ Pregnant Timing: ☐ Systo	IV V VI Dynamic Static	
Assessment (based on phenotype)	Comments	
HCM Mild Moderate Severe		
RCM		
Other, describe		
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not	Veterinarian's name, clinic's name and address	
Veterinary's signature Date		
tall summis	Williel	
For registration of the result, the veterinarian shall send a copy PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BO		



Patient Information	Owner's name Andreas Müller	
Cat's registered name	Address	
Thar Revolution Rock of Silvertrace Registration number	Am Brunnen 9 Post code/City/State	
SBT 021021 124	96484 Meeder	
ID number, microchip or tattoo	Country	
752096700137817 Breed of cat	Germany Phone (including country code)	
Bengal	+49 9566 807820	
■ Male Not altered	Email	
Female Altered	kontakt@bengalenkatzen.de	
Born (year-month-day) 2021-02-10	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am	
Sire	aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form	
Thar Nanuk	Signature Date	
Thar Xena	Mull 13.11.2021	
Examination	Examination date (year-month-day)	
Sedated  Yes, with:	Examination equipment	
On medication	0.0107	
Yes, with:		
Weight 4,85 kg BCS S Ausgultation:	Gallop	
Heart rate 160 bpm Murmur, characteri	stics	
The state of the s	IV V VI □ Dynamic □ Static  Dic □ Diastolic □ Both □ Continuous	
	apex (sternum) Left Base Other, describe	
190	Subjective left atrial size	
ECG Heart Frequency 190	Normal	
IVSd Som Com Memode 12-D	Mild enlargement	
LVIDd       13,6         LVFWd       5.0         IVSs       7.1         M-mode       12-D         M-mode       12-D         M-mode       12-D	Moderate enlargement Severe enlargement	
LVFWd S. O M-mode 2-D		
IVSs 7.1	Systolic anterior motion of the mitral valve  yes  no	
LVIDs 7,5	If yes, LV outflow tract flow velocity (Doppler)	
71	End-systolic cavity obliteration  yes no	
LVFWs M-mode 2-D	Papillary muscles	
SF <u>95</u>	Normal	
Ao M-mode2-D	Abnormal, moderate enlargement	
LA M-mode 2-D	Abnormal, severe enlargement	
LA/Ao A.M.		
	Comments	
Assessment (based on phenotype)		
Normal Equivocal		
HCM Mild Moderate Severe		
RCM		
United the Control of	Veterinarian's name, clinic's name and address	
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not	Actornicians name, cinics ridine and address	
Veterinary's signature Date	1 2 16 1	
RUL QUIMINS	Williel	
For registration of the result, the veterinarian shall send a copy	of this form to:	



Patient Information		Owner's name Andreas Müller
Cat's registered name		Address
Silvertrace Pika		Am Brunnen 9
Registration number		Post code/City/State
SBT 112520 081		96484 Meeder
ID number, microchip or tattoo 941000023074536		Country
941000023074536 Breed of cat		Germany Phone (including country code)
Bengal		+49 9566 807820
Male Not altered		Email
Female Altered		kontakt@bengalenkatzen.de
Born (year-month-day)		I have read PawPeds' instructions for HCM screening. I am aware that I must
2020-11-25		inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained by PawPeds and that they will handle my
Sire		personal data. I authorize PawPeds to publicly release the results from this form  Signature  Date
Neleheia Intrepide		Signature Date
Silvertrace Shadow Ofthe Moon		Myll 13, 11, 2021
		Examination date (year-month-day)
Examination	on	3/M/1)
Sedated	Ana	Examination equipment
Yes, with:	No	MOLLI
Yes, with:	No	
Weight 3 SS kg BCS 5  Heart rate 160 bpm  Dehydrated Pregnant Lactating Other, describe  ECG Heart Frequency 160  IVSd 9,7 cm 2 mm  LVIDd 19  LVFWd 9,5  IVSs 6,8  LVIDs 59  LVFWs 6,7  SF 6,7  Ao 9  LA 2411  LA/Ao 1,7	Timing: Systo	IV V VI Dynamic Static
the second secon	s been followed describe why not  Date	Veterinarian's name, clinic's name and address  Killicl
For registration of the result, the veteri PawPeds, c/o Olsson, Ängsmyrvägen	narian shall send a copy 1 Bäsna, SE-781 95 BO	of this form to: RLÄNGE, Sweden



Patient Information	Owner's name Andreas Müller	
Cat's registered name	Address	
Solea Vom Weinberg/Id	Am Brunnen 9	
Registration number	Post code/City/State	
SBT 040419 085	96484 Meeder Country	
ID number, microchip or tattoo 953000010322859	Germany	
Breed of cat  Bengal	Phone (including country code) +49 9566 807820	
Male Not altered	Email	
Female Altered	kontakt@bengalenkatzen.de	
Born (year-month-day)	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am	
2019-04-04 Sire	aware that the results will be retained by PawPeds and that they will handle my	
AL JANNA'S DON JUAN	personal data. I authorize PawPeds to publicly release the results from this form.  Signature  Date	
NORTHERNLIGHT MISS EWOK	Mythy 13.11.2021	
Examination	Examination date (year-month-day)	
Sedated	Examination equipment	
Yes, with:	Uivid i	
On medication  Yes, with:		
□ Dehydrated □ Pregnant Timing: □ Sys	Gallop istics  I IV V VI	
Assessment (based on phenotype)  Normal   Equivocal   HCM   Mild   Moderate   Severe   RCM		
Other, describe	Veterinarian's name clinic's name and address	
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not	Veterinarian's name, clinic's name and address	
Veterinary's signature Date		
pott 21/11/13	Willied	
For registration of the result, the veterinarian shall send a con-	y of this form to:	

PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden



Patient Information	Owner's name Andreas Müller
Cat's registered name	Address
Spice Icloud	Am Brunnen 9
Registration number SBT 063017 106	Post code/City/State 96484 Meeder
ID number, microchip or tattoo	Country
756093900057260	Germany
Breed of cat	Phone (including country code)
Bengal  Male  Not altered	+49 9566 807820
Male Not altered  Female Altered  Altered	kontakt@bengalenkatzen.de
Born (year-month-day)	I have read PawPeds' instructions for HCM screening. I am aware that I must
2017-06-30 Sire	inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained by PawPeds and that they will handle my
IW SGC Spice Basil	personal data. I authorize PawPeds to publicly release the results from this form Signature Date
Dam Spice Silver Cloud	13.11.202
Examination	Examination date (year-month-day)
Sedated	Examination equipment
Yes, with:	
On medication  Yes, with:	
	0
Weight 473 kg BCS Normal	Gallop
Heart rate 160 bpm Murmur, characte	
	I IV V VI
☐ Lactating ☐ Other, describe Location: ☐ Left	
160	Subjective left atrial size
	Normal
IVSd $\frac{9.5}{11.2}$ $\square$ cm $\square$ mm $\square$ M-mode $\square$ 2-D	Mild enlargement
LVIDd 162 DM-mode 2-D	Moderate enlargement Severe enlargement
LVFWd 46 M-mode 2-D	
IVSs	Systolic anterior motion of the mitral valve yes no
LVIDs 10,8	If yes, LV outflow tract flow velocity (Doppler)
LVFWs 5,9 M-mode 2-D	End-systolic cavity obliteration  yes  no
72	Papillary muscles
SF 33	Normal
Ao // M-mode 2-D	Abnormal, moderate enlargement Abnormal, severe enlargement
LA M-mode 2-D	Abhormal, severe emargement
LA/A0 1,26	
Assessment (based on phenotype)	Comments
■ Equivocal	DRU010 vmax: 2,2 m/s
☐HCM ☐Mild ☐Moderate ☐Severe	Vanax. Ex
□RCM	
Other, describe	
PawPeds' examination instructions has been followed Cat's identity verified gives no, describe why not	Veterinarian's name, clinic's name and address
Veterinary's signature Date	Willich
For registration of the result, the veterinarian shall send a cop	ov of this form to:



Patient Information	Owner's name  Andreas Müller	
Cat's registered name	Address	
Silvertrace Uraya	Am Brunnen 9	
Registration number	Post code/City/State	
SBT 070717 026	96484 Meeder	
ID number, microchip or tattoo	Country	
945000001930672	Germany	
Breed of cat	Phone (including country code)	
Bengal	+49 9566 807820	
Male Not altered	kontakt@bengalenkatzen.de	
Female Altered  Born (year-month-day)	I have read PawPeds' instructions for HCM screening. I am aware that I must	
2017-07-07	inform the examiner about my cats health status and if it is on medication. I am	
Sire	aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form	
Batifoleurs Marvel	Signature Date	
Dam	1 1/.)	
Silvertrace Lolita	/www 13.11.2021	
Examination	Examination date (year-month day)	
Sedated	Examination equipment	
Yes, with:	10 Vivid i	
On medication		
Yes, with:  Auscultation:	NO	
Weight 5 kg BCS	Gallop eristics  III IV V VI	
LA/A0 1,07	Comments	
Assessment (based on phenotype)		
Normal Equivocal		
HCM Mild Moderate Severe		
RCM		
Other, describe		
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not  Veterinary's signature  Date	Veterinarian's name, clinic's name and address  \( \lambda \la	
For registration of the result, the veterinarian shall send a co PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 B	py of this form to: BORLÄNGE, Sweden	



Patient Information	Owner's name Andreas Müller	
Cat's registered name Traipse Hail Of Silvertrace	Address Am Brunnen 9	
Registration number	Post code/City/State	
SBT 091416 019	96484 Meeder	
ID number, microchip or tattoo 991001000395120	Country Germany	
Breed of cat	Phone (including country code)	
Bengal	+49 9566 807820	
Male Not altered Female Altered	kontakt@bengalenkatzen.de	
Born (year-month-day) 2016-09-14	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am	
Sire	aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form.	
RW SGC Traipse Mondo Macadamia	Signature Date	
Traipse Obsidian Pele	Mutty 13.11.2021	
Examination	Examination date (year-month-day)	
Sedated No	Examination equipment	
On medication  Yes, with:		
Weight 44 kg BCS S Auscultation:	Gallop	
Heart rate 200 bpm Murmur, characteris		
Grade:	IV V VI Dynamic Static	
□ Dehydrated     □ Pregnant     □ Timing:     □ Systomatics       □ Lactating     □ Other, describe     Location:     □ Left at the control of the contr	olic ☐ Diastolic ☐ Both ☐ Continuous  apex (sternum) ☐ Left Base ☐ Other, describe	
ECG Heart Frequency 380 180	Subjective left atrial size	
IVSd S Cm mm M-mode 2-D	Mild enlargement	
LVIDd 16 12-D	☐ Moderate enlargement ☐ Severe enlargement	
LVFWd S M-mode 2-D	Systolic anterior motion of the mitral valve yes no	
IVSs G1 DM-mode D2-D		
LVIDs M-mode 2-D	If yes, LV outflow tract flow velocity (Doppler)	
LVFWs $69$ $\square$ M-mode $\square$ 2-D	End-systolic cavity obliteration yes no	
SF 39	Papillary muscles Normal	
Ao M-mode 2-D	Abnormal, moderate enlargement	
LA 13	Abnormal, severe enlargement	
LA/A0 1,29		
Assessment (based on phenotype)	Comments	
M Normal ☐ Equivocal		
☐HCM ☐Mild ☐Moderate ☐Severe		
□ RCM		
Other, describe		
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not	Veterinarian's name, clinic's name and address	
Veterinary's signature Date	\ \dil\ \	
July 21/11/13	Killich	
For registration of the result, the veterinarian shall send a copy	of this form to:	



Patient Information		Owner's name Andreas Müller	
Cat's registered name		Address	
Silvertrace Smoke		Am Brunnen 9	
Registration number SBT 032120 122		Post code/City/State 96484 Meeder	
ID number, microchip or tattoo 941000023074395		Country Germany	
Breed of cat		Phone (including country code)	
Bengal  Not altered		+49 9566 807820 Email	
Female Altered		kontakt@bengalenkatzen.de	
Born (year-month-day)		I have read PawPeds' instructions for HCM screening. I am aware that I must	
2020-03-21		inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained by PawPeds and that they will handle my	
Sire Batifoleurs Marvel		personal data. I authorize PawPeds to publicly release the results from this form.  Signature  Date	
Dam		1. 1/10	
Brownsugar Be Cinderella		/WWW 13.11.2021	
Examination	on	Examination date (year-month-day)	
Sedated	8	Examination equipment	
Yes, with:	No	civid i	
Yes, with:	No		
Weight 4,3 kg BCS 5  Heart rate 200 bpm  Dehydrated Pregnant Lactating Other, describe  ECG Heart Frequency 200  IVSd 5,1 Dcm 20mm	Timing: Systo	Gallop  stics  IV V VI Dynamic Static  lic Diastolic Both Continuous  pex (sternum) Left Base Other, describe  Subjective left atrial size  Normal Mild enlargement	
LVIDd 17.9  LVFWd 5.2  IVSs 6.5  LVIDs 9.9  LVFWs 6.6  SF 46  A0 M  LA/A0 1.1	M-mode 2-D  M-mode 2-D		
Assessment (based o	n phenotype)	Comments	
Normal Equivocal			
☐HCM ☐Mild ☐Moderate ☐	Severe		
□RCM			
Other, describe			
PawPeds' examination instructions had Cat's identity verified by yes no, of	s been followed describe why not	Veterinarian's name, clinic's name and address	
Veterinary's signature	Date 21 11/13	Jett Willing	
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden			



Patient Inform	ation	Owner's name Andreas Müller	
Cat's registered name		Address	
Batifoleurs Marvel		Am Brunnen 9	
Registration number		Post code/City/State	
SBT 061015 016		96484 Meeder	
ID number, microchip or tattoo		Country	
528257000014979		Germany	
Breed of cat		Phone (including country code)	
Bengal		+49 9566 807820 Email	
Male Not altered  Female Altered		kontakt@bengalenkatzen.de	
Female Altered  Born (year-month-day)		I have read PawPeds' instructions for HCM	Lecrophing Lam aware that I must
2015-06-10		inform the examiner about my cats health s	status and if it is on medication. I am
Sire		aware that the results will be retained by P personal data. I authorize PawPeds to pub	
RW OS SGC Batifoleurs Matu Of	Lilibetwild	Signature	Date
Dam		11/1.	
RW OD QGC Orchidhouse Juliet	Capulet	Jamos	13.11.2021
Examination	on	Examination date (year-month-day)	
Sedated	-4	Examination equipment	
Yes, with:	<b>□</b> No	uivid i	
On medication  Yes, with:	BNO	20	
Weight SPS kg BCS 5	Auscultation:		
Weight 3P3 kg BCS	Normal	Gallop	
Heart rate 186 bpm	Murmur, characteris	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
☐ Dehydrated ☐ Pregnant		IV V VI Dynamic	Static
Lactating Other, describe		olic Diastolic Both apex (sternum) Left Base	☐ Continuous ☐ Other, describe
Lactating Guier, describe	Location. Lett a	r	Other, describe
ECG Heart Frequency 180		Subjective left atrial size	
	D	Normal	
IVSd 46 om Dom Dom	M-mode 2-D	Mild enlargement	
LVIDd 75,9	☐M-mode ☐2-D	Moderate enlargement	
LVFWd 4,8	M-mode 2-D	Severe enlargement	
C 9		Systolic anterior motion of the mit	tral valve 🔲 yes .🗖 no
IVSs 68	☐M-mode ☐ 2-D	If yes, LV outflow tract flow veloci	ity (Donnler)
LVIDs 97	☐M-mode ☐2-D	-	0
LVFWs 69	☐M-mode ☐2-D	End-systolic cavity obliteration	]yes No
	LIM-mode 42-D	Papillary muscles	
SF <u>39</u>		Normal	
Ao 16	☐M-mode ☐ 2-D	Abnormal, moderate enlarg	ement
12		Abnormal, severe enlargem	
LA <u>763</u>	☐M-mode ☐2-D		
LA/A0 1,28			
Assessment (based o	n nhenotyne)	Comments	
0	ii piloliotype)		
Normal Equivocal			
HCM Mild Moderate	Severe		
RCM			
Other, describe			
PawPeds' examination instructions hat Cat's identity verified X yes ☐ no, d		Veterinarian's name, clinic's name and add	dress
	Date	11/1	ī
Veterinary's signature	Date	JULY KILL	i. l
MA	23/11/13	les les	101
For registration of the result, the veteri		of this form to:	
It of registration of the result, the veteri	manan shan senu a copy	or and rount to	



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Patient Inform	nation	Owner's name Andreas Müller
Cat's registered name		Address
Brownsugar Be Cinderella		Am Brunnen 9
Registration number		Post code/City/State
SBT 021417 072		96484 Meeder
ID number, microchip or tattoo 380260100668961		Country
Breed of cat		Germany Phone (including country code)
Bengal		+49 9566 807820
Male Not altered		Email
Female Altered		kontakt@bengalenkatzen.de
Born (year-month-day) 2017-02-14		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am
2017-02-14 Sire		aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form
GRC Brownsugar Garnet		Signature Date
Dam		1 HM
RW QGC Brownsugar Spicy		13.11.7021
Examination	on	Examination date (year-month-day)
Sedated	E No	Examination equipment
Yes, with:	41110	9(0(0 /
Yes, with:	No	
Weight SPS kg BCS	Timing: System Location: Left at Left at Location: Left at	IV V VI Dynamic Static
Assessment (based of Normal   Equivocal   HCM   Mild   Moderate   RCM   Other, describe   PawPeds' examination instructions hat Cat's identity verified   Cat's signature   Ca	Severe as been followed describe why not	Veterinarian's name, clinic's name and address
Veterinary's signature  2  For registration of the result, the veter	Date  //////  /////  ////  ////  ///  ///	of this form to:
5 5 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	1 0 0	DI XNOT O

PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden



Patient Inform	ation	Owner's name Andreas Müller
Cat's registered name		Address
Batifoleurs Namira Of Silvertrace Registration number		Am Brunnen 9 Post code/City/State
SBT 022819 050		96484 Meeder
ID number, microchip or tattoo		Country
528257000089069		Germany
Breed of cat		Phone (including country code) +49 9566 807820
Bengal  Male Not altered		Email
Female Altered		kontakt@bengalenkatzen.de
Born (year-month-day)		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am
2019-02-28 Sire		aware that the results will be retained by PawPeds and that they will handle my
IW BW SGC Batifoleurs Kibo		personal data. I authorize PawPeds to publicly release the results from this form <b>Signature</b> Date
Dam Batifoleurs Nala		Muth 13.11,2021
		Examination date (year-month-day)
Examination	on	Examination equipment
Yes, with:	ØNo.	wivid i
On medication	<del>-8</del>	
Yes, with:	Auscultation:	
Weight 435 kg BCS	Normal  Murmur, characteris  Grade:                    Timing: Systo	Gallop  Stics  IV V VI
Assessment (based o	Severe s been followed escribe why not	Veterinarian's name, clinic's name and address  (Lillic)
For registration of the result, the vetering PawPeds, c/o Olsson, Ängsmyrvägen	narian shall send a copy 1 Bäsna, SE-781 95 BO	of this form to:



Patient Information	Owner's name Andreas Müller
Cat's registered name	Address
Silvertrace Mira	Am Brunnen 9
Registration number	Post code/City/State
SBT 111120 123	96484 Meeder
ID number, microchip or tattoo	Country
941000023074629	Germany  Phone (including country code)
Breed of cat	+49 9566 807820
Bengal  Male  Not altered	Email
Male Not altered Female Altered	kontakt@bengalenkatzen.de
Born (year-month-day)	I have read PawPeds' instructions for HCM screening. I am aware that I must
2020-11-11	inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained by PawPeds and that they will handle my
Sire	personal data. I authorize PawPeds to publicly release the results from this form
Silvertrace Salt Pepper	Signature Date
Dam	
Silvertrace Jolie	13.11.2021
Examination	Examination date (year-month-day)
	Examination equipment
Sedated Yes, with:	No ()(U()()
On medication	0(0(0)
Yes, with:	No .
Auscultation:	
Weight 3,25 kg BCS 5 Normal	Gallop
Heart rate 160 bpm Murmur, charact	
Grade:   II	III IV V VI Dynamic Static
	stolic Diastolic Both Continuous
Lactating Other, describe Location: Le	fft apex (sternum) Left Base Other, describe
ECG Heart Frequency 100	Subjective left atrial size
. 7	Normal
IVSd	Mild enlargement
LVIDd 13	Moderate enlargement
LVFWd 913	Severe enlargement
70 T	Systolic anterior motion of the mitral valve yes on
IVSs M-mode 2-D	If yes, LV outflow tract flow velocity (Doppler)
LVIDs M-mode 2-D	
LVFWs 6,5	End-systolic cavity obliteration  yes  no
00	Papillary muscles
SF 38	Normal
Ao 9	Abnormal, moderate enlargement
	Abnormal, severe enlargement
LA	L Mariana
LA/Ao 108	
	Comments
Assessment (based on phenotype)	
Normal DEquivocal	
HCM Mild Moderate Severe	
RCM	
Other, describe	
PawPeds' examination/instructions has been followed	Veterinarian's name, clinic's name and address
Cat's identity verified yes no, describe why not	
Veterinary's signature Date	5//
M/	All Killid
MUDE 21/1/13	
For registration of the result, the veterinarian shall send a co	poy of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden	



Patient Information		Owner's name Andreas Müller
Cat's registered name		Address
Silvertrace Runa		Am Brunnen 9
Registration number		Post code/City/State
SBT 021217 031		96484 Meeder
ID number, microchip or tattoo		Country
945000005141652		Germany
Breed of cat		Phone (including country code)
Bengal Plans		+49 9566 807820
Male Not altered Female Altered		kontakt@bengalenkatzen.de
Born (year-month-day)		I have read PawPeds' instructions for HCM screening. I am aware that I must
2017-02-12		inform the examiner about my cats health status and if it is on medication. I am
Sire		aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form
Spotselotica Sterling Eyecatcher		Signature Date
Dam		11.111
Dana V Weissbachsgrund/Fi		13. 11.2021
Examination		Examination date (year-month-day)
Sedated	12.	Examination equipment
Yes, with:	No	Viviv.
On medication  Yes, with:	No	
Auscultation:	LANO	
Weight 5,1 kg BCS 5 Normal		Gallop
	aracteris	
Heart rate 100 ppm		IV V VI Dynamic Static
□ Dehydrated □ Pregnant Timing: □	Systo	lic Diastolic Both Continuous
Lactating Other, describe Location:	Left a	pex (sternum) Left Base Other, describe
ECG Heart Frequency   100	2-D 2-D 2-D 2-D 2-D 2-D	Normal   Mild enlargement   Moderate enlargement   Severe enlargement     Severe enlargement   Systolic anterior motion of the mitral valve   yes   no     If yes, LV outflow tract flow velocity (Doppler)   End-systolic cavity obliteration   yes   no     Papillary muscles   Normal   Abnormal, moderate enlargement   Abnormal, severe enlargement
Assessment (based on phenoty	pe)	Comments
Normal Equivocal		
☐ HCM ☐ Mild ☐ Moderate ☐ Severe		
RCM		
Other, describe		
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not		Veterinarian's name, clinic's name and address
Veterinary's signature Date		
Date		
1/1/1/13		Killid
For registration of the result, the veterinarian shall send PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781		



Patient Information	Owner's name Andreas Müller
Cat's registered name	Address
Silvertrace Shadow Ofthe Moon Registration number	Am Brunnen 9 Post code/City/State
SBT 021817 018	96484 Meeder
ID number, microchip or tattoo	Country
945000001846486 Breed of cat	Germany Phone (including country code)
Bengal	+49 9566 807820
Male Not altered	Email
Female Altered	kontakt@bengalenkatzen.de
Born (year-month-day) 2017-02-18	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am
Sire	aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form
Spotselotica Sterling Eyecatcher	Signature Date
Rowan Charisma Of Silvertrace	Myll 13,11,2021
	Examination date (year-month-day)
Examination	ZIMUS
Sedated Yes, with:	No Examination equipment
On medication	1
Yes, with:	Ø No
Dehydrated Pregnant Timing:	II III IV V VI
Assessment (based on phenoty   Normal	pe) Comments
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not Veterinary's signature  Date  For registration of the result, the veterinarian shall sence PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-78	a copy of this form to:



Patient Information	Owner's name Andreas Müller
Cat's registered name	Address
Mimosa Dahlia Of Silvertrace	Am Brunnen 9
Registration number	Post code/City/State
SBT 082019 037 ID number, microchip or tattoo	96484 Meeder Country
94100023074365	Germany
Breed of cat	Phone (including country code)
Bengal	+49 9566 807820
Male Not altered	Email Landal Market Control of the C
Female Altered  Born (year-month-day)	kontakt@bengalenkatzen.de
2019-08-02	I have read PawPeds' instructions for HCM screening. I am awaré that I must inform the examiner about my cats health status and if it is on medication. I am
Sire	aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form.
CH Silvertrace Devil	Signature Date
Dam	12 14 2004
Mimosa Mina	Examination date (year-month-day)
Examination	U/N/AS
Sedated	Examination equipment
Yes, with: On medication	No Vivid i
Yes, with:	No
Dehydrated Pregnant Timing:	II   IV   V   Dynamic
Assessment (based on phenoty  Normal   Equivocal   HCM   Mild   Moderate   Severe   RCM   Other, describe  PawPeds' examination-instructions has been followed Cat's identity verified   Yes   no, describe why not	Veterinarian's name, clinic's name and address
Veterinary's signature  Date  For registration of the result, the veterinarian shall send PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781	a copy of this form to:



Patient Information	Owner's name Andreas Müller
Cat's registered name	Address
Vomweinberg Cleofee Of Silvertrace Registration number	Am Brunnen 9 Post code/City/State
C3S 081320 091	96484 Meeder
ID number, microchip or tattoo	Country
276099200089262	Germany
Breed of cat  Bengal	Phone (including country code) +49 9566 807820
☐ Male Not altered	Email
Female Altered	kontakt@bengalenkatzen.de
Born (year-month-day) 2020-08-13	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am
Sire	aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form
Northernlight Shimmy Shake	Signature Date
Madurai Metanet	Mull 13:11,2021
Examination	Examination date (year-month-day)
Sedated Yes, with:	Examination equipment
On medication  Yes, with:	
Weight 4 kg BCS Normal  Heart rate bpm Grade:   II III  Dehydrated Pregnant Timing: Systo	Gallop
Assessment (based on phenotype)  Normal   Equivocal   HCM   Mild   Moderate   Severe   RCM   Other, describe	Comments
PawPeds' examination instructions has been followed Cat's identity verified (a) yes (a) no, describe why not	Veterinarian's name, clinic's name and address
Veterinary's signature Date	Villid
For registration of the result, the veterinarian shall send a copy	OF THIS FORM TO:

PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden

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Patient Information	n	Owner's name
Cat's registered name		Andreas Müller  Address
Mimosa Sunny Of Silvertrace		Am Brunnen 9
Registration number		Post code/City/State
SBT 041820 075		96484 Meeder
ID number, microchip or tattoo 941000023074624		Cormony
Breed of cat		Germany Phone (including country code)
Bengal		+49 9566 807820
Male Not altered		Email
Female Altered		kontakt@bengalenkatzen.de
Born (year-month-day) 2020-04-18		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am
Sire		aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form
RW CH Silvertrace Ultimate		Signature Date
Dam		11.11
Mimosa Mina		Examination date (year-month-day)
Examination		21/1/1/S
Sedated	4	Examination equipment
Yes, with:	No	Vividi
On medication  Yes, with:	No	
Dehydrated Pregnant Tim Loc Pregnant Pr	ormal urmur, characteris ade:               ning:    Systo	Gallop  stics  IV V VI
Assessment (based on phe Normal   Equivocal   HCM   Mild   Moderate   Severe   RCM   Other, describe	enotype)	Comments
PawPeds' examination instructions has been for Cat's identity verified yes no, describe  Veterinary's signature		Veterinarian's name, clinic's name and address
For registration of the result, the veterinarian s PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna		



Patient Information	Owner's name Andreas Müller
Cat's registered name	Address
Vomweinberg Nayana Of Silvertrace	Am Brunnen 9
Registration number SBT 101020 095	Post code/City/State 96484 Meeder
ID number, microchip or tattoo	Country
953000010361020	Germany
Breed of cat  Bengal	Phone (including country code) +49 9566 807820
Male Not altered	Email
Female Altered	kontakt@bengalenkatzen.de
Born (year-month-day) 2020-10-10	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am
2020-10-10 Sire	aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form.
Neleheia Intrepide	Signature Date
Dam	11.4/11
Solea Vom Weinberg/ld	13.11.2021
Examination	Examination date (year-month-day)
Sedated	Examination equipment
Yes, with:	Uivid:
On medication  Yes, with:	
Auscultation:	
Weight 4,2 kg BCS 5 Wormal	Gallop
Heart rate 160 bpm Murmur, characteri	
Grade:	IV V VI Dynamic Static
	olic Diastolic Both Continuous
	apex (sternum) Left Base Other, describe  Subjective left atrial size
ECG Heart Frequency   160   IVSd   4,7	Mild enlargement Moderate enlargement Severe enlargement Systolic anterior motion of the mitral valve yes no  If yes, LV outflow tract flow velocity (Doppler) End-systolic cavity obliteration yes no  Papillary muscles Normal Abnormal, moderate enlargement Abnormal, severe enlargement
Assessment (based on phenotype)	Comments
Normal Equivocal	
HCM Mild Moderate Severe	
□RCM	
Other, describe	
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not	Veterinarian's name, clinic's name and address
Veterinary's signature Date	
CHT	
Till WINS	
For registration of the result, the veterinarian shall send a copy	of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden	

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Patient Information	Owner's name Andreas Müller
Cat's registered name	Address
Silvertrace Hazel	Am Brunnen 9
Registration number	Post code/City/State
SBT 020119 076	96484 Meeder
ID number, microchip or tattoo	Country
941000023071648	Germany
Breed of cat	Phone (including country code)
Bengal	+49 9566 807820
☐ Male	Email
Female Altered	kontakt@bengalenkatzen.de
Born (year-month-day)	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am
2019-02-01	aware that the results will be retained by PawPeds and that they will handle my
Sire Name Manager	personal data. I authorize PawPeds to publicly release the results from this form
Batifoleurs Marvel	Signature Date
RW SGC Silvertrace Runa	12 11 7021
RVV SGC Silvertrace Ruria	Examination date (year-month-day)
Examination	24/M/13
Sedated	Examination equipment
Yes, with:	J'(vid 1
On medication	
Yes, with:  Auscultation:	
Weight 44 kg BCS   Mormal   Murmur, charactering   Murmur, charactering   Murmur, charactering   Murmur, charactering   System   System	IV V VI Dynamic Static
LA $\frac{\sqrt{9}}{\sqrt{1.7}}$ $M$ -mode $\square$ 2-D	
LA/Ao 1/43	
Assessment (based on phenotype)	Comments
Normal DEquivocal	
HCM Mild Moderate Severe	
RCM	
Other, describe	
PawPeds' examination instructions has been followed Cat's identity verified yes ☐ no, describe why not	Veterinarian's name, clinic's name and address
Veterinary's signature Date	
tull 2/1/13	Willief
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden	