

HCM screening within health programme

Participating clubs: Maine Coon-katten, Sällskapet Sibirisk Katt, Skogkatteligan, Rex United, Skogkattklubben Birka, Rasclub Maine Coon, Scandinavian Ragdoll Club, Birmasällskapet, SWEPEX (Svenska Perser & Exoticingen)

Visit <http://www.pawpeds.com/healthprogrammes/> for more information

| Patient Information | | Owner's name |
|--|---|---|
| Cat's registered name <i>Stærre katten's Nighty Noir</i> | | <i>Eva Ewald</i> |
| Registration number <i>NL. MU. L07. NFO. 031.6</i> | | Address <i>Hunsrückstr. 39</i> |
| ID number, microchip or tattoo <i>528210000998987 NLD</i> | | Postcode/City/State <i>D-41352 Korschenbroich</i> |
| Race <i>Norwegian Forest Cat</i> | | Country <i>Germany</i> |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered | | Phone (including country code) <i>0049124691673504</i> |
| Born (year-month-day) <i>2007-07-03</i> | | Email <i>nfo@vantimest.de</i> |
| Sire <i>GIC Uno av Sandrabben</i> | | I am aware that the results will be retained for the records of Maine Coon-katten. I authorize Maine Coon-katten to publicly release all results from this form. Signature _____ Date _____ <i>E Ewald 02.06.2009</i> |
| Dam <i>Titranis Josephine</i> | | |
| Examination | | Examination date (year-month-day) |
| Sedated <input type="checkbox"/> Yes, with: _____ <input type="checkbox"/> No | | <i>02.06.09</i> |
| Examination equipment <i>Reglab-SD</i> | | |
| Weight <u><i>4.5</i></u> kg | 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 (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe | |
| Heart rate <u><i>177</i></u> bpm | <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe | |
| IVSd <u><i>3.4</i></u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement | |
| LVIDd <u><i>18.1</i></u> <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 | |
| LVFWd <u><i>2.9</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | If yes, LV outflow tract flow velocity (Doppler) <u><i>1</i></u> | |
| IVSs <u><i>58</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| LVIDs <u><i>9.2</i></u> <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 | |
| LVFWs <u><i>70</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | |
| SF <u><i>49</i></u> | | |
| Ao <u><i>9.5</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | |
| LA <u><i>10.6</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | |
| LA/Ao <u><i>1.11</i></u> | | |
| Assessment (based on phenotype) | | Comments |
| <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Other, describe | | |
| Veterinarian | | Veterinarian's name, clinic's name and address |
| Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not | | <i>Dr. G. Trocken Tierärztliche Praxis Landsvinget 5 3400 Hillerød, Denmark</i> |
| Signature _____ Date _____ <i>G. Trocken 2.6.09</i> | | |
| For registration of the result, the veterinarian shall send a copy of this form to: Maine Coon-katten, c/o Anne N. Jensen, Landsvinget 5, Nejedø, 3400 Hillerød, Denmark | | |