HCM screening within health programme

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

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

Patient Information

Cat's registered name: Passion v. Tim-Est	Owner's name: Eva Ewald
Registration number: NL. FE. 604. NFO. 071.3	Address: Heinrichstr. 39
ID number, microchip or tattoo: 276009000 32725	Postcode/City/State: D-40212 Kaiserswerth
Race: Norwegian Forestcat	Country: Germany
☐ Male ☐ Not altered ☒ Female ☐ Altered	Phone (including country code): 0049-2161-673504
Born (year-month-day): 2004-06-21	Email: nfo@vantimest.de
Sire:	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
Dam:	Signature: [signature] Date: 19.9.06

Examination

Sedated: ☐ Yes, with: ☒ No	Examination date (year-month-day): 19.9.06
	Examination equipment: Mylab 50

Weight 4,3 kg

Heart rate 193 bpm

☐ Dehydrated ☐ Pregnant ☐ Lactating ☐ Other, describe

Auscultation:
☒ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	3,5	☐ cm ☒ mm	☒ M-mode ☐ 2-D
LVIDd	14,0		☒ M-mode ☐ 2-D
LVFWd	3,4		☒ M-mode ☐ 2-D
IVSs	6,9		☒ M-mode ☐ 2-D
LVIDs	3,0		☒ M-mode ☐ 2-D
LVFWs	8,4		☒ M-mode ☐ 2-D
SF	50		
Ao	9,8		☒ M-mode ☐ 2-D
LA	13,3		☒ M-mode ☐ 2-D
LA/Ao	1,35		

Subjective left atrial size
☒ Normal
☐ 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)

☒ Normal
☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ Other, describe

Comments:

Veterinarian

Cat's identity verified ☒ yes ☐ no, describe why not

Signature: [signature] Date: 19.9.06

Veterinarian's name, clinic's name and address:

Dr. J.G. Kresken
Fachtierarzt für Kleintiere
Kardiologie
Röntgen & Sonographie
Wintgensstr. 81-83, 47058 Duisburg

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, Nejede, 3400 Hillerød, Denmark

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