

## HCM screening within health programme

Participating clubs: Maine Coon-katten, Sällskapet Sibirisk Katt, Skogkattalingan, Rex United, Skogkattklubben Birka, Rasclub Maine Coon, Scandinavian Ragdoll Club, Birmasällskapet, SWEPEX (Svenska Perser & Exotcrlingen)  
Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name
Cat's registered name <i>StjerneKatten's Power of Love</i>		<i>Eva Ewald</i>
Registration number <i>NL.144.L08.NFO.040.2</i>		Address <i>Hansrückstr. 39</i>
ID number, microchip or tattoo <i>2760 98 10 24 38701 DEU</i>		Postcode/City/State <i>D-41352 Kierschenbroich</i>
Race <i>Norwegian Forest Cat</i>		Country <i>Germany</i>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) <i>0049/2464/673504</i>
Born (year-month-day) <i>2007-11-23</i>		Email <i>nfo@vontimest.de</i>
Sire <i>IC. Harmakhet's Demolition Man</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. <b>Signature</b> _____ <b>Date</b> _____ <i>E. Ewald</i> <i>02.06.2009</i>
Dam <i>Titran's Octavia</i>		
Examination		Examination date (year-month-day)
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		<i>02.06.09</i>
Examination equipment <i>Muglob 50</i>		
Weight <i>5,9</i> 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 <i>166</i> bpm	<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	
IVSd <i>3,7</i> <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 <i>19,3</i>	<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
LVPWd <i>3,7</i>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____
IVSs <i>5,4</i>	<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 <i>19,4</i>	<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
LVPWs <i>5,4</i>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <i>25</i>		
Ao <i>13,8</i>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA <i>12,2</i>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA/Ao <i>0,88</i>		
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. med. Krosken Krockerhof 10 47536 Krockerhof 10 47536 Krockerhof 10 47536</i>
Signature _____ Date _____ <i>B. Krosken</i> <i>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, Neje, 3400 Hillerød, Denmark		