

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

Patient Information		Owner's name <i>Lone Mogeltoft</i>
Cat's registered name <i>DK Aloa's Rachel</i>		
Registration number <i>FD LO 145869</i>		
ID number, microchip or tattoo <i>208210000120295</i>		Country <i>Denmark</i>
Race <i>Main Coon</i>		Phone (including country code) <i>39623919</i>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email
Born (year-month-day) <i>2007-02-10</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 <i>[Signature]</i> Date <i>1/4-08</i>
Sire <i>DK Maintainer's White Sox</i>		
Dam <i>DK Aloa's Tullmoon</i>		

Examination		Examination date (year-month-day) <i>2008-04-01</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Vivid 7</i>
Weight <u><i>4,8</i></u> kg Heart rate <u><i>170</i></u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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	
IVSd <u><i>3,8</i></u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u><i>17,3</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u><i>4,1</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u><i>5,5</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u><i>11,1</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u><i>6,8</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u><i>36</i></u> Ao <u><i>9,3</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u><i>9,2</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u><i>1</i></u>	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	

Assessment (based on phenotype)	Comments <i>PKD negativ</i>
<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 <i>Jørgen Koch, Life</i>
Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature <i>[Signature]</i> Date <i>1/4-08</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, Nejede, 3400 Hillerød, Denmark