

# 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

<b>Patient Information</b>		Owner's name <i>Kone Møgeltoft</i>
Cat's registered name <i>DK Mountaineer's Beach Boy</i>	Address [Redacted]	
Registration number <i>FD 20 141977</i>	Postcode/City <i>2765 SMØRUM</i>	
ID number, microchip or tattoo <i>208210000120869</i>	Country <i>Denmark</i>	
Race <i>Maine Coon</i>	Phone (including country code) <i>39623919</i>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered	Email <i>aloo@aloo.dk</i>	
Born (year-month-day) <i>2006-06-02</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	
Sire <i>DK Mountaineer's Latino Boye</i>	Signature <i>[Signature]</i>	Date <i>7/1-2008</i>
Dam <i>DK Mountaineer's Christmas Snow</i>		

<b>Examination</b>		Examination date (year-month-day) <i>2008-01-07</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment <i>Unid 7</i>	
Weight <u><i>6.9</i></u> kg Heart rate <u><i>160</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>4.8</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>16.5</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u><i>4.4</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u><i>7.6</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u><i>12.2</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u><i>8.0</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u><i>26%</i></u> Ao <u><i>9.8</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u><i>8.5</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u><i>0.9</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	

<b>Assessment (based on phenotype)</b>	Comments <i>PKD negative</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	

<b>Veterinarian</b>	Veterinarian's name, clinic's name and address <i>JØRGEN KOCH, KU</i>
Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature <i>[Signature]</i> Date <i>7/1-08</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, Nejde, 3400 Hillerød, Denmark