

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

Patient Information		Owner's name <u>Lone Moeltoft</u>	
Cat's registered name <u>DK Mountaineer's Tuckaway Tullamore</u>			
Registration number <u>FD LO 106648</u>			
ID number, microchip or tattoo <u>208224000504437</u>		Country <u>Denmark</u>	
Race <u>Maine Coon</u>		Phone (including country code) <u>39623919</u>	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email	
Born (year-month-day) <u>2000-10-20</u>		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 <u>[Signature]</u> Date <u>1/4-08</u>	
Sire <u>DK Coonshine's Skogway</u>			
Dam <u>Guldfakse's Tuckahoe</u>			
Examination		Examination date (year-month-day) <u>2008-04-01</u>	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <u>Vivid 7</u>	
Weight <u>5.6</u> kg Heart rate <u>208</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>3.8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>10.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>23</u> Ao <u>9.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>8.8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1</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 <u>False tendon</u>	
<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 <u>Jørgen Koch, Life</u>	
Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature <u>[Signature]</u> Date <u>1/4-08</u>			
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			