

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

Patient Information		Owner's name <i>Lone Møgelgaard</i>
Cat's registered name <i>General of Koi Pond</i>	Address <i>Tvillingvej 1</i>	
Registration number <i>FD LO 138066</i>	Postcode/City/State <i>2765 Smørum</i>	
ID number, microchip or tattoo <i>276098100890068</i>	Country <i>DK</i>	
Race	Phone (including country code)	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered	Email	
Born (year-month-day) <i>2005-07-03</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	Signature	Date
Dam		

Examination		Examination date (year-month-day) <i>2006-12-06</i>
Sedated <input type="checkbox"/> Yes, with: <input type="checkbox"/> No		Examination equipment <i>Divid 7 BT 03</i>
Weight <i>5.5</i> kg Heart rate <i>160</i> bpm	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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
IVSd <i>0.60</i> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>1.82</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>0.59</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>0.79</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>0.99</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>0.88</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>46</i> Ao <i>1.11</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>1.35</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.35/1.11</i>	Subjective left atrial size <input checked="" type="checkbox"/> Normal <i>at risk</i> <input checked="" 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
<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Equivocal <input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Other, describe	<i>Absolut recheck om Max 1 år Don't breed</i>

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 Signature <i>N. Westrup</i> Date <i>6/12-2006</i>	Westrup Vet. Consulting v/ dyrlæge Ulrik Westrup Marienlyst Allé 26 3000 Helsingør Denmark

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