HCM/RCM screening within health programme

Participating clubs: http://www.pawpeds.com/healthprogrammes/hcmclubs.html

Visit http://www.pawpeds.com/healthprogrammes/ for more information

Patient Information

Cat's registered name: (N) Lotte Menotte's Rasputin	Owner's name: Lone Højris
Registration number: FD LO 122205	Address: Bødkervej 8
ID number, microchip or tattoo: 578096700003622	Postcode/City/State: DK-7480 Vildbjerg
Race: Norwegian Forest Cat	Country: Denmark
☒ Male ☒ Not altered ☐ Female ☐ Altered	Phone (including country code): 004541193230
Born (year-month-day): 2003-04-29	Email: mail@lindskjalv.dk
Sire: (N) Lotte Menotte's Nemo	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: [signature] Date: 25/3 -09
Dam: (N) Satyr's Rosalin	

Examination

Sedated: ☐ Yes, with: ☒ No	Examination date (year-month-day):
	Examination equipment: Vivid 3

Weight: 6,8 kg

Heart rate: 174 bpm

☐ Dehydrated ☐ Pregnant ☐ Lactating ☐ Other, describe

Auscultation:
☒ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	0,46	☒ cm ☐ mm	☒ M-mode ☐ 2-D
LVIDd	1,72		☒ M-mode ☐ 2-D
LVFWd	0,36		☒ M-mode ☐ 2-D
IVSs	0,67		☒ M-mode ☐ 2-D
LVIDs	1,12		☒ M-mode ☐ 2-D
LVFWs	0,62		☒ M-mode ☐ 2-D
SF			
Ao	0,93		☐ M-mode ☒ 2-D
LA	1,26		☐ M-mode ☒ 2-D
LA/Ao	1,36		

Subjective left atrial size
☒ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☒ no

Papillary muscles
☒ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments

Veterinarian

Cat's identity verified ☒ yes ☐ no, describe why not

Signature: [signature] Date: 25/3 -09

Vetenarian's name, clinic's name and address

Varde Dyrlæger I/S
Ndr. Boulevard 96 A
6800 Varde
Tlf. 75 [illegible]
Fax 75 21 [illegible]

Christian Mogensen, 1689
Varde Dyrlæger
Tlf. 75 22 09 88

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