

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

Patient Information		Owner's name Fam. Czernia
Cat's registered name Priscilla Mysterious Goddess		Address 39164 Groß Rodensleben, Schäferwinkel 19 & 19a
Registration number P-799-2020-122-00358824-LO		Postcode/City/State 39164
ID number, microchip or tattoo 900215000090997		Country Germany
Race Maine Coon		Phone (including country code) 039293-289970
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email anja_czernia@hotmail.com
Born (year-month-day) 2020-03-12		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 _____ Date _____ <i>Janina</i> 22.04.21
Sire Infinity Mysterious Goddess		
Dam Diosacon Heylis		

Examination		Examination date (year-month-day) 22.04.2021
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Esbak NyLab 9
Weight <u>5.0</u> kg Heart rate <u>200</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>3.9</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>7.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>5.6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>8.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>59</u> Ao <u>7.7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>10.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.30</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) <u>✓</u> 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 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	In Herzultraschall konnten keine pathologischen Veränderungen festgestellt werden. Hinweis für RBBB Herzrhythmus gibt es nicht

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 _____ Date _____ <i>Legner</i> 22.04.2021	Tiermedizinisches Versorgungszentrum Magdeburg Ebendorfer Str. 39 39108 Magdeburg Tel. 0391/7318640 FAX 0391/7318630

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