

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

Patient Information		Owner's name Fam. Czernia
Cat's registered name Aqua-Cat's Tictac	Address 39164 Groß Rodensleben, Schäferwinkel 19 & 19a	
Registration number WCC e.V. 271019/60/142	Postcode/City/State 39164	
ID number, microchip or tattoo 991003000551833	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) 2019-10-27	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 Gr.Int.Ch. Bluetowncats Idefix	Signature	Date
Dam Ch. Aqua-Cat's Hazelnut	<i>Czernia</i>	22.04.21

Examination		Examination date (year-month-day) 22.04.2021
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment Esate Mylab	
Weight <u>4.4</u> kg Heart rate <u>180</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>3.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>14.2</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>4.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>9.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>4.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>33%</u> Ao <u>7.2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>9.2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.28</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) <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	Comments <i>Im Herzultraschall konnten keine pathologischen Veränderungen festgestellt werden. Hinweise für HCM/CM/UCH gibt es nicht</i>
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Veterinarian	Veterinarian's name, clinic's name and address Tiermedizinisches Versorgungszentrum Magdeburg Ebendorfer Str. 39 39108 Magdeburg Tel. 0391/7318640 FAX 0391/7318630
Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature <i>Kaymann</i> Date 22.04.21	

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