

# 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		Owner's name
Cat's registered name <b>Pirot Grand Slam</b>		<b>Andrea Paiss</b>
Registration number <b>RX 246892</b>		Address <b>Valborgsgatan 3B</b>
ID number, microchip or tattoo <b>752098 100414093 SWE</b>		Postcode/City/State <b>216 13 Limhamn</b>
Race <b>British shorthair</b>		Country <b>Sweden</b>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) <b>040 152933</b>
Born (year-month-day) <b>2008-06-15</b>		Email <b>pandi1959@gmail.com</b>
Sire <b>S*Zander's Bellman (S)Swerak RX219012</b>		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  <b>Signature</b> <span style="float: right;"><b>Date</b></span>  <i>Andrea Paiss</i> <span style="float: right;"><b>2009.05.03.</b></span>
Dam <b>IDP*BrilliantLittleBlueSapphire (S)SwerakLO236560</b>		
Examination		Examination date (year-month-day)
Sedated <input checked="" type="checkbox"/> Yes, with: <b>0.2 Dom</b> <input type="checkbox"/> No		Examination equipment <b>Vivid 7 pro</b>
Weight <b>4.19</b> kg Heart rate <b>180</b> 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 <b>3.72</b> <input type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <b>17.20</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <b>3.75</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <b>5.4</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <b>13.48</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <b>5.50</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <b>22</b> Ao <b>8.10</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <b>11.23</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <b>1.371</b>	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
<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"/> RCM <input type="checkbox"/> Other, describe		
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 <b>Signature</b> <i>Torkel Falk</i> <b>Date</b> <b>2009-05-07</b> Leg. Vet Spec kompetens hunden & kattens sjukdomar Spec kardiologi		<b>Dr. Torkel Falk</b> Smådjursklinikken Bastadsgatan 2 224 07 HELSINGBORG Tel 042-20 20 00, Fax 042-20 20 01
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		