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

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

Patient Information

Cat's registered name: FIBULINE DE LAILOKEN

Registration number: LOOF 20111703

ID number, microchip or tattoo: 250268500465411

Race: CHAT DES FORETS NORVEGIENNES

☐ Male ☒ Not altered
☒ Female ☐ Altered

Born (year-month-day): 2010-10-06

Sire:

Dam:

Owner's name: HEYMANS CECILE

Address: 536 RTE DE POUILLY

Postcode/City/State: 74130 CONTAMINE/ARVE

Country: FRANCE

Phone (including country code): +33 608767942

Email: HIBERNIA@HIBERNIA-CATTERY.NET

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**

Examination

Examination date (year-month-day): 2013-05-28

Sedated: ☐ Yes, with: ☒ No

Examination equipment: SONOSITE EDGE

Weight: 3.7 kg

Heart rate: 205 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	4	☐ cm	☒ mm	☒ M-mode ☐ 2-D
LVIDd	18			☒ M-mode ☐ 2-D
LVFWd	4			☒ M-mode ☐ 2-D
IVSs	5.5			☒ M-mode ☐ 2-D
LVIDs	10			☒ M-mode ☐ 2-D
LVFWs	5.5			☒ M-mode ☐ 2-D
SF	45%			
Ao	8			☒ M-mode ☐ 2-D
LA	9.5			☒ M-mode ☐ 2-D
LA/Ao	1.2			

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
☐ Other, describe

Comments: NO ABNORMALITY

Veterinarian

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

Signature **Date**

~~D: GRAFF J-F~~ 2013-05-28

Vetenarian's name, clinic's name and address

DR GRAFF JEAN-FREDERIC
CLINIQUE VETERIANIRE LAFAYETTE
9 RUE THOMAS RUPHY
F-74000 ANNECY
WWW.CLINIQUELAFAYETTE.COM

For registration of the result, the veterinarian shall send a copy of this form to:
Maine Coon-katten, c/o Anne Jensen, Tingerupvej 17, DK-4330 Hvalsø, Denmark