

Hypertrophic Cardiomyopathy Screening Examination Findings

Patient Information		
Cat's registered name <i>Gypsy Queen von Bushy Cat</i>	Breed <i>Norw Waldkatze</i>	Date of birth (yyyy-mm-dd) <i>2005-03-15</i>
Cat's registration number <i>IRCC 050479 3d.V</i>	Cat's identification number <i>276096100120811</i>	<input type="checkbox"/> Male <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Sire name	Dam name	
Owner name <i>Fr. Gisela Krieger</i>	E-mail	Phone number <i>025887918010</i>
Address <i>Hauptstr. 23 33428 Harsewinkel</i>		
I am aware that the results will be retained for the records of the Maine Coon-katten. I authorize the Maine Coon-katten to release all results from this form. Signature: <i>Gisela Krieger</i> Date: <i>16.12.2005</i>		
Veterinarian Information		
Name <i>Dr. med. vet. Ralf Tobias Fachtierarzt für</i>	Date of examination <i>16.12.2005</i>	Equipment make/model <i>Hitachi EuB 6000 +</i>
Physical Examination		
The cat has to have a permanent identification, tattoo or microchip. Has the cat's ID been checked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes - The cat's ID has been checked and corresponds with the ID in the pedigree.		
Weight: <i>2,0</i> kg Heart rate: <i>100</i> 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:	
Comments		
Echocardiogram		
IVSd <i>2,8</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>12,9</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>4,4</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>6,9</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>7,7</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>7,5</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>70</i> Ao <i>7,5</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <i>11,4</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <i>1,53</i>	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 LV outflow tract flow velocity (Doppler): <i>1,01</i> 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	
Comments		
Assessment / Diagnosis		
<input checked="" type="checkbox"/> Normal (A normal examination today does not mean that HCM will not develop in the future.) <input type="checkbox"/> Equivocal <input type="checkbox"/> HCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Comments	
Signature		
Veterinarian's signature <i>Ralf Tobias</i>	Date and place <i>Hannover 16.12.05</i>	
A copy of this form shall be sent to: Maine Coon-katten, c/o Kjell Högström, Källstigen 15, SE-757 56 Uppsala, Sweden		