

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		Address	
Registration number		Postcode/City/State	
ID number, microchip or tattoo		Country	
Race		Phone (including country code)	
Male Not altered Female Altered		Email	
Born (year-month-day)		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	
Sire			
Dam			

Examination		Examination date (year-month-day)	
Sedated Yes, with: _____ No		Examination equipment	
Weight _____ kg Heart rate _____ 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 _____ cm mm M-mode 2-D LVIDd _____ M-mode 2-D LVFWd _____ M-mode 2-D IVSs _____ M-mode 2-D LVIDs _____ M-mode 2-D LVFWs _____ M-mode 2-D SF _____ Ao _____ M-mode 2-D LA _____ M-mode 2-D LA/Ao _____	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)	Comments
Normal Equivocal HCM Mild Moderate Severe RCM Other, describe	

Veterinarian	Veterinarian's name, clinic's name and address
Cat's identity verified yes no, describe why not Signature Date	

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