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

Cat's registered name: FIN* Cherry's Maine Nafisa

Registration number: (FIN)SRK RX 79134

ID number, microchip or tattoo: 246098100249713

Breed of cat: Maine Coon

☐ Male ☐ Not altered
☒ Female ☐ Altered

Born (year-month-day): 2008-04-15

Sire: Calypso von der kleinen Hummelwiese

Dam: Cherry's Maine Cleopatra

Owner's name: Toivonen Anna-Maija

Address: Roosendalinrinki 3 A 30

Postcode/City/State: 01520 VANTAA

Country: FINLAND

Phone (including country code): +35850 3652026

Email:

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** 25.3.2010

Examination

Examination date (year-month-day): 2010-03-25

Sedated: ☐ Yes, with: ☒ No

Examination equipment: PHILIPS HD 11XE

Weight: 4,8 kg

Heart rate: 172 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	3,7	☐ cm ☒ mm	☒ M-mode	☐ 2-D
LVIDd	15,5		☒ M-mode	☐ 2-D
LVFWd	3,7		☒ M-mode	☐ 2-D
IVSs	6,1		☒ M-mode	☐ 2-D
LVIDs	8,4		☒ M-mode	☐ 2-D
LVFWs	6,4		☒ M-mode	☐ 2-D
SF	45,9			
Ao	10,8		☐ M-mode	☒ 2-D
LA	13,5		☐ M-mode	☒ 2-D
LA/Ao	1,25			

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
☐ RCM
☐ Other, describe

Comments

Veterinarian

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

Signature **Date** 25.03.2010

Vetenarian's name, clinic's name and address

SEPPO LAMBERG
Pieneläinsairauksien
Erikoiseläinlääkäriasema
Lahden Eläinlääkäriasema
Vauhtikankaankatu 1
15900 Lahti
FINLAND

For registration of the result, the veterinarian shall send a copy of this form to:
Martire Roberta, 3 Rue Jacques Prévert, Verneuil sur Seine, 78480, France