

Hypertrophic Cardiomyopathy Screening Examination Findings

| Patient Information | | |
|--|---|--|
| Cat's registered name Balthazar's Knut | Breed Norw. Waldkatze | Date of birth (yy-mm-dd) 2004-05-07 |
| Cat's registration number 04-3765 | Cat's identification number 276097200557350 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered |
| Sire name | Dam name | |
| Owner name Fr. Giesela Krieger | E-mail | Phone number 025887918010 |
| Address Hauptstr. 23 33428 Harsewinkel | | |
| 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>Giesela Krieger</i> Date: 16.12.2005 | | |
| Veterinarian Information | | |
| Name Dr. med. vet. Ralf Tobias Fachtierarzt für | Date of examination 16.12.2005 | Equipment make/model Atlatschi EuB 6000+ |
| Physical Examination | | |
| The cat has to have a permanent identification, tattoo or microchip. Has the cat's ID been checked? If yes - The cat's ID has been checked and corresponds with the ID in the pedigree. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Weight: 5.6 kg Heart rate: 200 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 5.5 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 12.5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 7.3 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 6.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 7.6 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 53 Ao 9.9 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 11.5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.17 | 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 1.5 LV outflow tract flow velocity (Doppler): 1.00 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 Hannover 16.12.05 | |
| A copy of this form shall be sent to: Maine Coon-katten, c/o Kjell Högström, Källstigen 15, SE-757 56 Uppsala, Sweden | | |