

MAINE COON-KATTEN

Hypertrophic Cardiomyopathy Screening Examination Findings

Patient Information		
Cat's registered name Venus-Valeria von Bushy Cat	Breed New Waldkatze	Date of birth (yy-mm-dd) 2002-09-07
Cat's registration number IPCC 0211003d IV	Cat's identification number 276097200506974	<input type="checkbox"/> Male <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Sire name		Dam name
Owner name H. Giseb Krieger	E-mail	Phone number 07588/918010
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>[Signature]</i> Date: 16.12.2005		
Veterinarian Information		
Name Dr. med. vet. Ralf Tobias Fachtierarzt für	Date of examination 16.12.2005	Equipment make/model Hytaschi 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 type="checkbox"/> Yes <input type="checkbox"/> No		
Weight: 4.1 kg Heart rate: 160 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 4.6 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 11.8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVPWd 4.7 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 0.9 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 7.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVPWs 3.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 55.8 Ao 8.1 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 16.6 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.51	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 Mms , LV outflow tract flow velocity (Doppler): 1.34 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>[Signature]</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		

2004-02-02

Dr. med. vet. Ralf Tobias
 Fachtierarzt für
 Kleintiere · Kardiologie
 Güntherstr. 17 · 30519 Hannover
 Tel. 0511/83 06 08 · Fax 844 86 68