# HCM screening within health programme

**Participating clubs: Maine Coon-katten, Sällskapet Sibirisk Katt, Skogkattslingan, Rex United, Skogkattklubben Birka, Rasclub Maine Coon, Scandinavian Ragdoll Club, Birmasällskapet, SWEPEX (Svenska Perser & Exoticringen)**

Visit http://www.pawpeds.com/healthprogrammes/ for more information

## Patient Information

Cat's registered name

Registration number

ID number, microchip or tattoo

Race

☐ Male ☐ Not altered
☐ Female ☐ Altered

Born (year-month-day)

Sire

Dam

Owner's name

Address

Postcode/City/State

Country

Phone (including country code)

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**

## 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)

☐ Normal
☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ Other, describe

Comments

## Veterinarian

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

**Signature** **Date**

Vetenarian's name, clinic's name and address

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, Nejede, 3400 Hillerød, Denmark