

Hypertrophic Cardiomyopathy Screening Examination Findings

Patient Information		
Cat's registered name	Breed	Date of birth (yyyy-mm-dd)
Cat's registration number	Cat's identification number	<input type="checkbox"/> Male <input type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Sire name	Dam name	
Owner name	E-mail	Phone number
Address		
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: _____		Date: _____
Veterinarian Information		
Name	Date of examination	Equipment make/model
Physical Examination		
The cat has to have a permanent identification, tattoo or microchip. Has the cat's ID been checked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – The cat's ID has been checked and corresponds with the ID in the pedigree.		
Weight: _____ kg Heart rate: _____ bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe: _____	Auscultation: <input 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 _____ <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF _____ Ao _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao _____	Subjective left atrial size: <input 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 type="checkbox"/> No If yes, LV outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: <input type="checkbox"/> Yes <input type="checkbox"/> No Papillary muscles: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
Comments		
Assessment / Diagnosis		
<input type="checkbox"/> Normal <i>(A normal examination today does not mean that HCM will not develop in the future.)</i> <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	Date and place	
A copy of this form shall be sent to: Maine Coon-katten, c/o Kjell Högström, Källstigen 15, SE-757 56 Uppsala, Sweden		