

HCM/RCM screening within health programme

Participating clubs: <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>

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|--|--|---|
| Patient Information | | Owner's name Roznerová Ivana |
| Cat's registered name Zanadu Fanciful Dream | | Address Krátká 991/10 |
| Registration number (CZ) CSCH LO 39/9/SBI | | Postcode/City/State 41002 Lovosice |
| ID number, microchip or tattoo 982009105316102 | | Country Czech Republic |
| Breed of cat Birma | | Phone (including country code) |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered | | Email |
| Born (year-month-day) 2008/08/03 | | 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 _____ |
| Sire Ritykatz Code Red Of Zanadu | | |
| Dam Zanadu European Holiday | | |

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|--|---|--|
| Examination | | Examination date (year-month-day) 15/01/2010 |
| Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination equipment 8 MHz right parasternal short, long axis view |
| Weight <u>3,75</u> kg Heart rate <u>200-220</u> 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 _____ | |
| IVSd <u>4,7</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>9,8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4,7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6,9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>4,9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6,9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>50%</u> Ao <u>7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>8,4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,2</u> | 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 If yes, LV outflow tract flow velocity (Doppler) _____ 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 | |

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|---|---------------------------------------|
| Assessment (based on phenotype) | Comments 15/01/2010 - HCM Negative |
| <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> RCM <input type="checkbox"/> Other, describe _____ | |

| | |
|---|---|
| Veterinarian | Veterinarian's name, clinic's name and address |
| Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____ Signature <u>MVDr. Luboš Hrib (4901)</u> Date <u>15/01/2010</u> veterinární lékař | VETERINÁRNÍ KLINIKA JESENICE MVDr. Karel Babíček, CSc. Budějovická 81, 252 42 Jesenice IČ: 60606597 DIČ: CZ501106139 |

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