
Besitzer: Karin Müller, A - 1100 Wien, Kempelengasse 5/29/11
Telefon privat: +43 1 913 73 33, Mobiltelefon: +43 699 11 23 94 11, Telefon Büro: +43 1 713 01 73

Britisch Kurzhaar **NIXON VOM WESTPARK (FELIDAE)**, männlich

Farbe: BR1b24

Alter: 1 Jahr 2 Monate 20 Tage

Geburtsdatum: 07.05.10

FallNr: F/2011/015382/Kleiz

TierNr: T/2011/008503

Ultraschall-Befund

Allgemeine Daten

Region/Untersuchung:

Sonstiges
Herz

Nieren

Seite:

vgl.

Befund

Herz:

siehe Herzformular

Nieren:

Derzeit kein Hinweis auf Nierenzysten.

Herz:

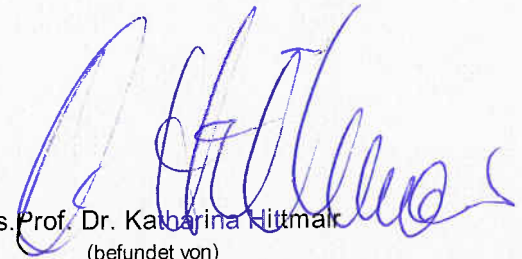
Diagnose

Derzeit kein Hinweis auf hypertrophe Kardiomyopathie.

Derzeit sind keine Nierenzysten darstellbar.

Befundet am: 27.7.2011

Ass. Prof. Dr. Katharina Hittmar
(befundet von)



HCM screening within health programme

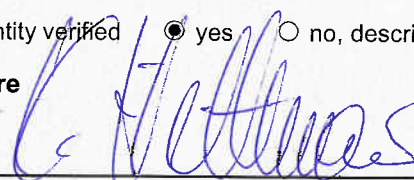
Participating clubs: Maine Coon-katten, Sällskapet Sibirisk Katt, Skogkattslingan, Rex United, Skogkattklubben Birka, Rasclub Maine Coon, Scandinavian Ragdoll Club, Birmasällskapet, SWEPEX (Svenska Perser & Exoticingen), Ragdollklubben

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

Patient Information		Owner's name Müller Karin
Cat's registered name NIXON VOM WESTPARK (FELIDAE)		Address Kempelengasse 5/29/11
Registration number A-ÖVEK-RX-1004740		Postcode/City/State 1100 Wien
ID number, microchip or tattoo		Country A
Race Britisch Kurzhaar		Phone (including country code) +43 699 11 23 94 11; +43 1 913 73 33
<input checked="" type="radio"/> Male <input type="radio"/> Not altered <input type="radio"/> Female <input type="radio"/> Altered		Email
Born (yearth-month-day) 07.05.2010		I am aware that the results will be retained for the records of Maine Coonkatten. I authorize Maine Coon-katten to publicly release all results from this form Signature _____ Date _____
Sire CH HARLEY VOM FLÖTHBACH		
Dam JOSIE VOM WESTPARK		

Examination		Examination date (year-month-day) 27.07.11
Sedated <input type="radio"/> Yes, with: _____ <input checked="" type="radio"/> No		Examination equipment Philips ATL - HDI 5000
Weight	Auscultation: <input type="radio"/> Normal <input type="radio"/> Gallop	Subjective left atrial size <input checked="" type="radio"/> Normal <input type="radio"/> Mild enlargement <input type="radio"/> Moderate enlargement <input type="radio"/> Severe enlargement Systolic anterior motion of the mitral valve <input type="radio"/> yes <input checked="" type="radio"/> no If yes, LV outflow tract flow velocity (Doppler) End-systolic cavity obliteration <input type="radio"/> yes <input checked="" type="radio"/> no Papillary muscles <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal, moderate enlargement <input type="radio"/> Abnormal, severe enlargement
Heart rate bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="radio"/> Dehydrated <input type="radio"/> Pregnant <input type="radio"/> Lactating <input type="radio"/> Other, describe	Grade: I II III IV V VI <input type="radio"/> Dynamic <input type="radio"/> Static Timing: <input type="radio"/> Systolic <input type="radio"/> Diastolic <input type="radio"/> Both <input type="radio"/> Continuous Location: <input type="radio"/> Left apex (sternum) <input type="radio"/> Left Base <input type="radio"/> Other, describe	
IVSd 6.0 <input type="radio"/> cm <input checked="" type="radio"/> mm <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D LVIDd 16.0 <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D LVFWd 4.5 <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D IVSs 8.0 <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D LVIDs 7.0 <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D LVFWs 6.0 <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D SF (%) 56.0 Ao 9.0 <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D LA 10.0 <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D LA/Ao 1.1		

Assessment (based on phenotype)	Comments
<input checked="" type="radio"/> Normal <input type="radio"/> Equivocal <input type="radio"/> HCM <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Other, describe	

Veterinarian	Veterinarian's name, clinic's name and address
Cat's identity verified <input checked="" type="radio"/> yes <input type="radio"/> no, describe why not	Veterinärmedizinische Universität Wien Universitätsklinik für Kleintiere und Pferde Bildgebende Diagnostik Veterinärplatz 1, 1210 Wien, Tel.: +43 1 250 77-5701
Signature  Date 27.07.11	

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, Nejde, 3400 Hillerød, Denmark