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/*05LABOKLIN NV . Verlengde Klinkertstraat 6 . NL-6433PL Hoensbroek/*02

Dhr./Mevr.
W.H.P. Metselaar
Veldweg 16
9311 VE Nieuw Roden
Niederlande

/*05Report/*14
No.: 1605-N-03125
Date of arrival: 24-05-2016
Date of report: 31-05-2016

Patient identification:	cat Abessijn	female	* 20.05.10
Owner / Animal-ID:	Metselaar, W.H.P.		
Type of sample:	Swabs		
Date sample was taken:			

Name: Demi Metselaar
Stud book no.: RVT 135.191
Chip no.: ---
Tattoo no.: ---

Hypertrophic cardiomyopathy (HCM) - PCR

Result: Genotype N/N

Interpretation: The examined animal is homozygous for the wildtype-allele. It does not carry the causative mutation for Hypertrophic Cardiomyopathy in the MYBPC3-gene (A31P).

Trait of inheritance: autosomal-dominant

Scientific studies found correlation between the mutation and symptoms of the disease in the following breeds:
Maine Coon and related breeds

Polycystic kidney disease (PKD) - PCR

Result: Genotype N/N

Interpretation: The examined animal is homozygous for the wildtype-allele. It does not carry the causative mutation for Polycystic Kidney Disease in the PKD1-gene.

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Trait of inheritance: autosomal-dominant

Pyruvatkinase Deficiency:

Result: Genotype N/N

Interpretation: The examined animal is homozygous for the wildtype-allele. It does not carry the causative mutation for Pyruvate Kinase Deficiency in the PKLR-gene.

Trait of inheritance: autosomal-recessive

Feline Spinal Muscular Atrophy (SMA) - PCR

Result: Genotype N/N

Interpretation: The examined animal is homozygous for the wildtype-allele. It does not carry the causative mutation for Spinal Muscular Atrophy in the LIX1-LNPEP-gene.

Trait of inheritance: autosomal-recessive

Scientific studies found correlation between the mutation and symptoms of the disease in the following breeds:
Maine Coon and related breeds

Genetic determination of bloodgroup - PCR

Result: genotype N/N

Interpretation: The tested cat does not carry the recessive b allele responsible for the expression of blood group B. Serologically the cat expresses blood group A or AB. The mutations currently known to be responsible for the expression of blood groups were analyzed.

Comment
The DNA test for cat blood group factors has not been fully validated in the Ragdoll, Turkish Angora, Siberian, Neva Masquerade and European Shorthair breed.
In some animals, results from DNA and serological tests are not concordant.

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Glycogen storage disease (GSDIV) - PCR

Result: Genotype N/N

Interpretation: The examined animal is homozygous for the wildtype-allele. It does not carry the causative mutation for Glykogen storage disease Type IV in the GBE1-gene.

Trait of inheritance: autosomal-recessive

Scientific studies found correlation between the mutation and symptoms of the disease in the following breeds:
Norwegian forest cat and related breeds

Hypertrophic Cardiomyopathy (Ragdoll) - PCR

Result: Genotype N/N

Interpretation: The examined animal is homozygous for the wildtype-allele. It does not carry the causative mutation for Hypertrophic Cardiomyopathy in the MYBPC3-gene (R820W).

Trait of inheritance: autosomal-dominant

Scientific studies found correlation between the mutation and symptoms of the disease in the following breeds:
Ragdoll and related breeds

Progressive Retinal Atrophy (rdAc-PRA):

Result: Genotype N/PRA-rdAc

Interpretation: The examined animal is heterozygous for the causative mutation for Progressive retinal atrophy (rdAc-PRA) in the CEP290-gene.

Trait of inheritance: autosomal-recessive

The current result is only valid for the sample submitted to our laboratory. The sender is responsible for the correct information regarding the sample material.The laboratory can not be made liable. Furthermore, any obligation for compensation is limited to the value of the tests performed.

There is a possibility that other mutations may have caused the disease/phenotype. The analysis was performed according to the latest

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knowledge and technology.

The laboratory is accredited for the performed tests according to DIN EN ISO/IEC 17025:2005. (except partner lab tests).

*** END of report ***

Drs J. Vis