NORTHWEST CARDIOLOGY CONSULTANTS

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EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom			**Date of Exam** 6/23/2025	**Exam Number** 25-54476-02
Address 11024 SE 290th St	**City St/ Zip** Auburn, WA 98092	**Country** usa	**Email** apriljoga@gmail.com	**Phone Number** 253-370-2714
Call Name Valentine	**Registered Name** Walentine Dom Sapfiroff		**Registration Number** SBT 081124 062	**Chip/Tattoo Number**
Breed Maine Coon	**Date of Birth** 8/11/2024		**Sex** male	**HCM Genetic Status** Negative
Father's Reg#: GIC Elite Planet Guru **Mother's Reg#:** Tri-D Vasilisa	Any littermates, parents, or other relatives with diagnosed HCM? ☒ Unknown ☐ No ☐ Yes, Relationship:			

I hereby certify the animal submitted for examination is the animal described above. I also declare I am the owner or agent for this animal.

Owner/Agent: _____ **Date:** _____

PHYSICAL EXAMINATION

Auscultation: ☐ normal ☑ gallop S3* S4 ☐ murmur
Grade: 1 2 3 4 5 6 **Duration:** ☐ early ☐ holo ☐ ejection
Timing: ☐ systolic ☐ diastolic ☐ continuous
Location: ☐ L base ☐ L apex ☐ R base ☐ R apex
Other:

Exam Environment: Poor 1 2 3 4 (5) Excellent ☐ purring

Arterial Pulse: ☑ normal ☐ decreased ☐ increased

Jugular Pulse: ☑ not examined ☐ absent ☐ present

ECHOCARDIOGRAM

☐ not indicated ☐ indicated, but not performed ☐ indicated, but declined

Setting: Poor 1 2 3 (4) 5 Excellent

☒ **M-Mode (mm)** ☐ **Two-Dimensional (mm)**

2D Lx LA	(N)	A	15.7	LA Size	1+ 2+ 3+ 4+	Ao	(L)	T		Vmax:	m/sec
Ao	(N)	A		LA/Ao		PV	(L)	T		Vmax:	m/sec
LVIDd	(N)	A	17.9	LVIDs		TV	(L)	T		Vmax:	m/sec
IVSd	(N)	A	4.56	IVSs		MV	(L)	T		Vmax:	m/sec
LVPWd	(N)	A	5.22	LVPWs		RVOT	(L)	T		Vmax:	m/sec
FS% 52%			EF% 86%	Systolic Anterior Motion	(No) Yes	LVOT	(L)	T		Vmax:	m/sec
Papillary Muscles	(N)	1+ 2+ 3+	Morphology			IVS	(L)	T		Vmax:	m/sec
Mitral Valve	(N)	1+ 2+ 3+	Morphology			IAS	(L)	T		Vmax:	m/sec

Other Findings:

FINDINGS

☑ **Normal Examination:** No evidence for congenital heart disease (random or inherited).

☑ **Normal Examination:** No evidence for hypertrophic cardiomyopathy *at the time of this examination*. A normal examination today does not guarantee it will not develop in the future. (If an echocardiogram was not performed, early or mild stages may still be present)

☐ **Equivocal Examination:** A congenital or adult-onset genetic heart disease cannot be definitively diagnosed or excluded. Findings point toward: ❍ normal ❍ physiologic or outflow tract murmur ❍ subtle cardiac disorder (see comments below).

☐ **Abnormal Examination:** Evidence for ❍ Hypertrophic Cardiomyopathy ❍ Congenital Heart Defect or ❍ Other Adult-onset Cardiac Disorder; with a diagnosis of: _____

Severity: ❍ trivial ❍ mild ❍ moderate ❍ severe

RECOMMENDATIONS

☑ ***No cardiac contraindication for elective breeding.*** If descendants from this individual develop hypertrophic cardiomyopathy, then a complete evaluation of parents and littermates is recommended.

☐ ***Hypertrophic cardiomyopathy was found.*** Breed specific guidelines should be followed.

☐ ***Provisional normal examination.*** A repeat evaluation within 6-9 months is recommended. Breeding considerations should be delayed until final evaluation.

☐ ***Treatment Maybe Indicted*** _____

Re-evaluation: ❍ none, in ❍ 3 months ❍ 6 months ☑ 12 months ☑ 18 months ❍ 24 months ❍ other

Comments: gallop = normal, HR dependent

Rev. 200704

J. A. Woodfield DVM

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6.23.25

Date