

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom				Date of Exam 1/24/2022	Exam Number 22-46921-03
Address 11024 SE 290th St		City St/ Zip Auburn, WA 98092	Country USA	Email Apriljoga@gmail.com	Phone Number 253-370-2714
Call Name Maxine	Registered Name Coon's Ransom Maxine		Registration Number SBT 073120 078		Chip/Tattoo Number
Breed Maine Coon	Date of Birth 07/31/20		Sex female	HCM Genetic Status Negative	
Father's Reg#: SBT 112518 033		Any littermates, parents, or other relatives with diagnosed HCM?			
Mother's Reg#: SBT 062418 065		<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: <input checked="" type="checkbox"/> normal <input type="checkbox"/> gallop S3 S4 <input type="checkbox"/> murmur			Exam Environment: Poor 1 2 3 4 <u>5</u> Excellent <input type="checkbox"/> purring		
Grade: 1 2 3 4 5 6 Duration: <input type="checkbox"/> early <input type="checkbox"/> holo <input type="checkbox"/> ejection			Arterial Pulse: <input checked="" type="checkbox"/> normal <input type="checkbox"/> decreased <input type="checkbox"/> increased		
Timing: <input type="checkbox"/> systolic <input type="checkbox"/> diastolic <input type="checkbox"/> continuous			Jugular Pulse: <input checked="" type="checkbox"/> not examined <input type="checkbox"/> absent <input type="checkbox"/> present		
Location: <input type="checkbox"/> L base <input type="checkbox"/> L apex <input type="checkbox"/> R base <input type="checkbox"/> R apex			Other:		
ECHOCARDIOGRAM					
<input type="checkbox"/> not indicated <input type="checkbox"/> indicated, but not performed <input type="checkbox"/> indicated, but declined			Setting: Poor 1 2 3 4 <u>5</u> Excellent		
<input checked="" type="checkbox"/> M-Mode (mm) <input type="checkbox"/> Two-Dimensional (mm)			Spectral/Color-Doppler (L= laminar T= turbulent flow)		
2D Lx LA <u>N</u> A <u>15.2</u>	LA Size 1+ 2+ 3+ 4+	Ao <u>L</u> T	Vmax: _____ m/sec		
Ao <u>N</u> A	LA/Ao	PV <u>L</u> T	Vmax: _____ m/sec		
LVIDd <u>N</u> A <u>15.3</u>	LVIDs <u>8.92</u>	TV <u>L</u> T	Vmax: _____ m/sec		
IVSd <u>N</u> A <u>4.67</u>	IVSs	MV <u>L</u> T	Vmax: _____ m/sec		
LVPWd <u>N</u> A <u>5.18</u>	LVPWs	RVOT <u>L</u> T	Vmax: _____ m/sec		
FS% <u>42%</u> EF% <u>76%</u> Systolic Anterior Motion <u>No</u> Yes		LVOT <u>L</u> T	Vmax: _____ m/sec		
Papillary Muscles <u>N</u> 1+ 2+ 3+ Morphology		IVS <u>L</u> T	Vmax: _____ m/sec		
Mitral Valve <u>N</u> 1+ 2+ 3+ Morphology		IAS <u>L</u> T	Vmax: _____ m/sec		
Other Findings:					

FINDINGS	
<input checked="" type="checkbox"/> Normal Examination: No evidence for congenital heart disease (random or inherited).	
<input checked="" type="checkbox"/> Normal Examination: No evidence for hypertrophic cardiomyopathy <u>at the time of this examination</u> . 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)	
<input type="checkbox"/> Equivocal Examination: A congenital or adult-onset genetic heart disease cannot be definitively diagnosed or excluded. Findings point toward: <input type="radio"/> normal <input type="radio"/> physiologic or outflow tract murmur <input type="radio"/> subtle cardiac disorder (see comments below).	
<input type="checkbox"/> Abnormal Examination: Evidence for <input type="radio"/> Hypertrophic Cardiomyopathy <input type="radio"/> Congenital Heart Defect or <input type="radio"/> Other Adult-onset Cardiac Disorder; with a diagnosis of: _____	
Severity: <input type="radio"/> trivial <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe	

RECOMMENDATIONS	
<input checked="" type="checkbox"/> No cardiac contraindication for elective breeding. If descendants from this individual develop hypertrophic cardiomyopathy, then a complete evaluation of parents and littermates is recommended.	
<input type="checkbox"/> Hypertrophic cardiomyopathy was found. Breed specific guidelines should be followed.	
<input type="checkbox"/> Provisional normal examination. A repeat evaluation within 6-9 months is recommended. Breeding considerations should be delayed until final evaluation.	
<input type="checkbox"/> Treatment Maybe Indicted _____	
Re-evaluation: <input type="radio"/> none, in <input type="radio"/> 3 months <input type="radio"/> 6 months <input checked="" type="radio"/> 12 months <input checked="" type="radio"/> 18 months <input type="radio"/> 24 months <input type="radio"/> other	
Comments:	

J. A. Woodfield DVM

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Rev. 200704

1-24-22

Date