NORTHWEST CARDIOLOGY CONSULTANTS

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EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent				Date of Exam	Exam Number
April Ransom				02/19/2024	24-519216-03
Address	**City St/ Zip**	**Country**	**Email**		**Phone Number**
11024 SE 290th St	Auburn, WA 98092	USA	apriljoga@gmail.com		253-370-2714
Call Name	**Registered Name**		**Registration Number**		**Chip/Tattoo Number**
El Oro	Mariemaine El Oro of CoonsRansom		TICA:SBT 031123091		900215005865533
Breed	**Date of Birth**		**Sex**		**HCM Genetic Status**
Maine Coon	03/11/2023				Negative
Father's Reg#: SBT 071513 041/MC	Any littermates, parents, or other relatives with diagnosed HCM?				
Mother's Reg#: SBT 092219 090/MC	☐ 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	17.2	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	19.3	LVIDs		TV	L	T		Vmax:	m/sec
IVSd	(N)	A	5.45	IVSs		MV	L	T		Vmax:	m/sec
LVPWd	(N)	A	5.45	LVPWs		RVOT	L	T		Vmax:	m/sec
FS% 47.7		EF%	81.8	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

Spectral/Color-Doppler (L= laminar T= turbulent flow)

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:

Rev. 200704

J. A. Woodfield DVM

J. A. Woodfield, DVM • ***Diplomate, ACVIM (Cardiology)***

2.19.24

Date