

# NORTHWEST CARDIOLOGY CONSULTANTS

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## EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom			Date of Exam 4/16/2025	Exam Number <b>25-54101-01</b>
Address 11024 SE 290th St		City St/ Zip Auburn, WA 98092	Country usa	Email apriljoga@gmail.com
Call Name Silve		Registered Name Quicksilver Dom Sapiroff	Registration Number SBT 021824 075	
Breed Maine Coon		Date of Birth February 18th, 2024	Sex male	HCM Genetic Status Unknown
Father's Reg#: Pryanik of Dragon's Eye		Any littermates, parents, or other relatives with diagnosed HCM?		
Mother's Reg#: Aea Golden Vavilon		<input checked="" type="checkbox"/> Unknown <input 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 <b>4</b> 5 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 <b>4</b> 5 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 <b>N</b> A <u>16.8</u>	LA Size 1+ 2+ 3+ 4+	Ao <b>N</b> T	Vmax: _____ m/sec	
Ao <b>N</b> A	LA/Ao <u>1.31</u>	PV <b>N</b> T	Vmax: _____ m/sec	
LVIDd <b>N</b> A <u>17.2</u>	LVIDs	TV <b>N</b> T	Vmax: _____ m/sec	
IVSd <b>N</b> A <u>5.01</u>	IVSs	MV <b>N</b> T	Vmax: _____ m/sec	
LVPWd <b>N</b> A <u>5.27</u>	LVPWs	RVOT <b>N</b> T	Vmax: _____ m/sec	
FS% <u>47%</u> EF% <u>82%</u> Systolic Anterior Motion <b>N</b> Yes		LVOT <b>N</b> T	Vmax: _____ m/sec	
Papillary Muscles <b>N</b> 1+ 2+ 3+ Morphology		IVS <b>N</b> T	Vmax: _____ m/sec	
Mitral Valve <b>N</b> 1+ 2+ 3+ Morphology		IAS <b>N</b> T	Vmax: _____ m/sec	
Other Findings: _____				

FINDINGS
<input checked="" type="checkbox"/> <b>Normal Examination:</b> No evidence for congenital heart disease (random or inherited).
<input checked="" type="checkbox"/> <b>Normal Examination:</b> No evidence for hypertrophic cardiomyopathy <i>at the time of this examination</i> . 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"/> <b>Equivocal Examination:</b> 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"/> <b>Abnormal Examination:</b> 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"/> <b>No cardiac contraindication for elective breeding.</b> If descendants from this individual develop hypertrophic cardiomyopathy, then a complete evaluation of parents and littermates is recommended.
<input type="checkbox"/> <b>Hypertrophic cardiomyopathy was found.</b> Breed specific guidelines should be followed.
<input type="checkbox"/> <b>Provisional normal examination.</b> A repeat evaluation within 6-9 months is recommended. Breeding considerations should be delayed until final evaluation.
<input type="checkbox"/> <b>Treatment Maybe Indicted</b> _____
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: _____

Rev. 200704

J.A.W. DVM

J. A. Woodfield, DVM • Diplomat, ACVIM (Cardiology)

4.14.25

Date