NORTHWEST CARDIOLOGY CONSULTANTS

6513 132ND AVE NE #402 • KIRKLAND, WA 98033 • OFFICE: (206) 781-7021 • FAX: (866) 784-2804 • NWCARDIOLOGY@ICLOUD.COM

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

| Owner/Agent April Ransom | | | | | | Date of Exam 02/08/2021 | | Number 419-03 | |
|---|---------|---------------------|-----------------------------------|-----------------|---------------------------|--|-----------------------|----------------------------|--|
| Address City St/ Zip Auburn, WA 9 | | | Country Email U.S.A. apriliog | | | il ljoga@gmail.com | | Phone Number (253)370-2714 | |
| Call Name Simone | | tered Name Simone | | Re | | egistration Number 3T 040520 124 TICA | | Chip/Tattoo Number | |
| Breed Maine Coon | | | Date of Birth | | | Sex Female | HCM Ger Unknown | etic Status | |
| Father's Reg#: TCJ MC 110718 101 | | | Any littermates, | | er relatives with diagnos | ed HCM? | | | |
| Mother's Reg#: P-687-2019 I hereby certify the animal sub | | | □ Unknown □ is the animal describ | | | | agent for this ani | mal. | |
| Owner/Agent: | | | | | | | | | |
| Auscultation: normal | □ ga | allop S3 S4 🗆 | SICAL EX murmur | | | nment: Poor 1 2 3 4 | 5)Excellent 🗖 | purring | |
| Grade: 1 2 3 4 5 6 Duration: □ early □ hold Timing: □ systolic □ diastolic □ continuo | | | ous | Arterial Pulse: | | | | | |
| Location: L base L L Other: | apex | □ R base 1 | ☐ R apex | Jugular | Puls | e: not examined a | absent \square pres | ent | |
| ☐ not indicated ☐ indica | ted h | | c H O C A R | | | Setting: Poor 1 2 3 (| 4)5 Excellent | | |
| | | wo-Dimensional | | S | pectra | I/Color-Doppler (L= lamina | | | |
| 2D LX LA (N) A LUI-1 | ., | | 2+ 3+ 4+ | Ao Æ |) T _ | | Vmax: | m/sec | |
| Ao N A | | LA/Ao | | PV (L | Т | | Vmax: | m/sec | |
| LVIDd (R) A 16.9 | | LVIDs | | TV | Т | | Vmax: | m/sec | |
| 13.10 | | | | MV | Т | | Vmax: | m/sec | |
| IVSd (19) A 5.10 LVPWd (18) A 5.69 | | IVSs | | | т - | | Vmax: | m/sec | |
| | | LVPWs | | RVOT | ' - + | | Vmax: | m/sec | |
| FS% <u>5 3</u> EF% <u>8</u> | | Systolic Anterior N | lotion (No) Yes | LVOT | | | Vmax: | m/sec | |
| Papillary Muscles N1+ 2+ 3+ | | lorphology | | IVS I | ' - T | | Vmax: | m/sec | |
| Other Findings: | 37 10 | ior priology | | IAO (E | | | | | |
| | | | FIND | I N G S | | | | | |
| Normal Examination: No | | | | | | | examination tod | av does not | |
| | | | | | | early or mild stages may sti | | ay accs not | |
| ☐ Equivocal Examination: A O normal ○ physiologic | | | | | | | uded. Findings p | oint toward: | |
| Abnormal Examination: E with a diagnosis of: | videnc | e for O Hypertro | phic Cardiomyopatl | hy O Cong | enital I | Heart Defect or O Other A | dult-onset Cardi | ac Disorder; | |
| Severity: O trivial O mile | d O m | oderate O sever | re · | | | | | | |
| , | | R | ECOMMEN | VDAT | 101 | 1 S | | | |
| No cardiac contraindicate evaluation of parents and | | | | m this indiv | idual d | develop hypertrophic cardi | omyopathy, ther | a complete | |
| ☐ Hypertrophic cardiomyo | pathy 1 | was found. Breed | specific guidelines | should be t | followe | ed. | | | |
| Provisional normal examination. | ination | . A repeat evalu | ation within 6-9 mo | onths is reco | omme | nded. Breeding considerat | ions should be d | lelayed until | |
| ☐ Treatment Maybe Indicte | | | • | | | | | | |
| Re-evaluation: O none, in O | 3 mor | ths O 6 months | 12 months 18 | months O | 24 mc | onths O other | | | |
| Comments: | | | | | | | | | |
| J.A.W.L | To | VW | | | | | 2-8-21 | Rev. 2007 | |

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

Date

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EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

| Owner/Agent April Ransom | | | | | Date of Exam 02/08/2021 | | Number 419-02 | | |
|---|--------------------------|---|--|-----------------|----------------------------|----------------------|-------------------------------|--|--|
| Address 11024 SE 290th Street | City St/ Zip Auburn, WA | 98092 | Country U.S.A. | Email apriljoga | @gmail.com | | Phone Number (253)370-2714 | | |
| Call Name Dixie | | | | | tion Number 1420 097 | Chip/Tat | too Number | | |
| Breed | Date of Birth | | Sex | Sex | | HCM Genetic Status | | | |
| Maine Coon | 04/14/2020 | | Fem | Female | | Unknown | | | |
| Father's Reg#: P-214-2018 | Any littermates, | Any littermates, parents, or other rela | | | HCM? | | | | |
| Mother's Reg#: 0164-19/80 | | □ Unknown □ | | | | | | | |
| I hereby certify the animal sub | mitted for examination | n is the animal descri | bed above. I | also declare | e I am the owner or ag | ent for this ani | mal. | | |
| Owner/Agent: | | | | | Date: | | | | |
| | РНУ | SICAL EX | CAMIN | ATIO | N | | | | |
| Auscultation: normal | | | | | | Fycellent □ r | nurring | | |
| Grade: 1 2 3 4 5 6 Dura | tion: early h | olo 🗆 ejection | Exam Environment: Poor 1 2 3 4 5 Excellent purring | | | | | | |
| Timing: | | | Arterial | Pulse: | normal decrease | ed 🗆 increas | sed | | |
| Location: Lbase La | apex | □ R apex | Jugular | Pulse: 1 n | ot examined \square ab | sent \square prese | ent | | |
| Other: | | ECHOCAR | | | ot caaiiiiica 🗀 ab | Jene 🗕 prese | | | |
| ☐ not indicated ☐ indicat | | | | | ing: Poor 1 2 3 (4) | 5 Excellent | | | |
| |) Two-Dimensiona | | | | -Doppler (L= laminar | | low) | | |
| 20 LX LA (N) A 14.8 | LA Size 1 | + 2+ 3+ 4+ | Ao P | Τ | | _Vmax: | m/sec | | |
| Ao (N) A | LA/Ao _ | | PV L | Τ | | _Vmax: | m/sec | | |
| LVIDd D A 15. | LVIDs _ | | TV | Τ | | _Vmax: | m/sec | | |
| IVSd (N) A 5.1 † | IVSs _ | | MV | Τ | | _Vmax: | m/sec | | |
| LVPWd (N) A 4.96 | LVPWs _ | | RVOT L | Т | | _Vmax: | m/sec | | |
| FS% 60 EF% 92 | Motion (No) Yes | LVOT L | Τ | | _Vmax: | m/sec | | | |
| Papillary Muscles N 1+ 2+ 3+ | | IVS 4 | T | | _Vmax: | m/sec | | | |
| | 3+ Morphology _ | | IAS V | | | _Vmax: | m/sec | | |
| Other Findings: | | | | | | | | | |
| | | FINDI | NGS | | | | | | |
| Normal Examination: No | evidence for congenit | al heart disease (rand | om or inher | ited). | | | | | |
| Normal Examination: No | evidence for hypertro | phic cardiomyopathy | at the time | of this exan | nination. A normal ex | amination toda | ay does not | | |
| guarantee it will not develo | op in the future. (If an | echocardiogram was | not perform | ned, early or | mild stages may still b | pe present) | | | |
| Equivocal Examination: AO normal O physiologic | | | | | , | ed. Findings po | oint toward: | | |
| Abnormal Examination: Even with a diagnosis of: | idence for O Hypertr | ophic Cardiomyopath | ny O Conge | nital Heart D | Defect or O Other Adu | lt-onset Cardia | c Disorder; | | |
| Severity: O trivial O mild | O moderate O seve | ere | | | | | | | |
| | | ECOMMEN | | | | | | | |
| No cardiac contraindication evaluation of parents and | | | n this individ | dual develop | hypertrophic cardiom | nyopathy, then | a complete | | |
| ☐ Hypertrophic cardiomyop | athy was found. Bree | d specific guidelines s | should be fo | llowed. | | | | | |
| Provisional normal examination final evaluation. | nation. A repeat evalu | uation within 6-9 mor | nths is reco | mmended. B | reeding consideration | s should be de | elayed until | | |
| ☐ Treatment Maybe Indicted | d b | | | | | | | | |
| Re-evaluation: O none, in O | 3 months O 6 months | 12 months O 18 | months O 2 | 4 months O | other | | | | |
| Comments: | | | | | | | | | |
| 1.4.10 | DVW | | | | | 2.8.71 | Rev. 200704 | | |

J.4. W. D. DVW

2.8.21

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EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

| Owner/Agent | | | | | | Date of Exam | Exam Num | | |
|---|------------------|-------------------|-----------------------|--------------|---------|-------------------|-----------------------------|--------------------|------------|
| April Ransom | | | | | | | 02/08/2021 | 21-44419 | |
| Address | | City St/ Zip | | | | Email | | Phone Number | |
| 11024 SE 290th Street | Auburn, WA 98092 | | | U.S.A. | apri | iljoga@ | @gmail.com | (253)370-2 | |
| Call Name | Regis | stered Name | | | | | tion Number | Chip/Tattoo I | Number |
| Darci | Darc | i Alirose | | Al | FC/CH | /FB-043/MCO/20-LO | | | |
| Breed Date of B | | | Date of Birth | | | | | HCM Genetic Status | |
| Maine Coon | | | 04/14/2020 | | | Fema | ale | Unknown | |
| Father's Reg#: P-W14-2018-57-00196452 Any littermates | | | | parents, o | r othe | er relati | ives with diagnosed He | CM? | |
| Mother's Reg#: ZE-0164-19 | 9/806 | /17/LO-MCO | □ Unknown □ | No □ Ye | s, Rel | lations | hip: | | * |
| I hereby certify the animal sub | omitted | for examination | is the animal describ | ped above. | I also | declare | I am the owner or agent | for this animal. | • |
| Owner/Agent: | | | | | | | Date: | | |
| | | | | | | | | | |
| | | | SICAL EX | | | | | | |
| Auscultation: normal | | | | Exam Er | nviror | nment | : Poor 1 2 3 4 5 Exc | ellent purr | ring |
| Grade: 1 2 3 4 5 6 Dura | | | | Arterial | Puls | e. d/ r | normal 🗆 decreased | □ increased | |
| Timing: ☐ systolic ☐ di | | | | Arocriai | · uio | o. 4 | Torritar 🗖 accreased | | |
| Location: L base L | apex | □ R base I | ☐ R apex | Jugular | Puls | e : 🔽 n | ot examined absen | t D present | |
| Other: | | E | CHOCARI | DIOG | RA | M | | | |
| ☐ not indicated ☐ indica | ited, b | | | | | | ng: Poor 1 2 3 4 5 | Excellent | |
| | | Two-Dimensional | | | | I/Color | -Doppler (L= laminar T= | turbulent flow) | |
| 20 LX LA (N) A 14.5 | | LA Size 1+ | 2+ 3+ 4+ | Ao (L |) T _ | | Vn | nax: | _m/sec |
| Ao (N) A | | LA/Ao | | PV (L | Τ_ | | Vn | nax: | _ m/sec |
| LVIDd (1) A 15.8 | | LVIDs | | TV L | Τ_ | | Vn | nax: | _ m/sec |
| IVSd | | | | MV | Τ_ | | Vn | nax: | _ m/sec |
| LVPWd (N) A 4.87 LVPWs | | | RVOT L | Τ_ | | Vn | nax: | _ m/sec | |
| FS% 46.6 EF% 81.3 Systolic Anterior Motion No Yes | | | lotion No Yes | LVOT L | Τ_ | | Vn | nax: | _ m/sec |
| Papillary Muscles (V)1+ 2+ 3+ Morphology | | | | IVS L | Т_ | | Vn | nax: | _ m/sec |
| Mitral Valve | | | | IAS L | T _ | | Vn | nax: | _ m/sec |
| Other Findings: | | | | | | | | | |
| | | | FINDI | NGS | | | | | |
| Normal Examination: No | ovido | aco for congonita | | | rited) | | | | |
| | | | | | | | aination A normal ovami | ination today o | loes not |
| Normal Examination: No guarantee it will not deve | | | | | | | | | ioes not |
| | | | | | | | | | toward. |
| Equivocal Examination: AO normal O physiologic | | | | | | | | i mamgs point | toward. |
| Abnormal Examination: E | | | | | | | | nset Cardiac D | isorder. |
| with a diagnosis of: | videnc | Le for O Hypertro | priic Cardiomyopatii | ly Conge | emilari | ricart D | refect of Other Addit-o | risci Cardiac D | risoraci, |
| Severity: O trivial O mile | d 0 m | odorata O sover | ·O | | | | | | |
| Severity. O trivial O fillio | u O III | | | | | | | | |
| | | | ECOMMEN | | | | | | |
| No cardiac contraindicate evaluation of parents and | | | | n this indiv | idual c | develop | hypertrophic cardiomyo | patny, then a co | ompiete |
| ☐ Hypertrophic cardiomyo | pathy | was found. Breed | specific guidelines s | should be f | ollowe | ed. | | | |
| Provisional normal examination. | inatio | . A repeat evalua | ation within 6-9 mor | nths is reco | mmer | nded. B | reeding considerations sl | nould be delay | ed until |
| ☐ Treatment Maybe Indicte | ed | | | | | | | | |
| Re-evaluation: O none, in O | | nths Q 6 months | 12 months Q 18 | months O | 24 mo | onths O | other | | |
| Comments: | 3 11101 | | / | | | | | | |
| | | | | | | | | | Rev. 20070 |
| 1.4.1 | 1 | NW | | | | | 2. | 8.21 | |

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

Date