

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom				Date of Exam 02/08/2021	Exam Number 21-44419-03
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 Simone	Registered Name Tri-D Simone		Registration Number SBT 040520 124 TICA		Chip/Tattoo Number
Breed Maine Coon		Date of Birth 04/05/2020	Sex Female		HCM Genetic Status Unknown
Father's Reg#: TCJ MC 110718 101		Any littermates, parents, or other relatives with diagnosed HCM? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, Relationship:			
Mother's Reg#: P-687-2019-25-00296101					
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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 4 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 <input checked="" type="checkbox"/> A 14.4	LA Size 1+ 2+ 3+ 4+	Ao <input checked="" type="checkbox"/> L T	Vmax: _____ m/sec		
Ao <input checked="" type="checkbox"/> A	LA/Ao	PV <input checked="" type="checkbox"/> L T	Vmax: _____ m/sec		
LVIDd <input checked="" type="checkbox"/> A 16.9	LVIDs	TV <input checked="" type="checkbox"/> L T	Vmax: _____ m/sec		
IVSd <input checked="" type="checkbox"/> A 5.18	IVSs	MV <input checked="" type="checkbox"/> L T	Vmax: _____ m/sec		
LVPWd <input checked="" type="checkbox"/> A 5.69	LVPWs	RVOT <input checked="" type="checkbox"/> L T	Vmax: _____ m/sec		
FS% 53 EF% 87	Systolic Anterior Motion <input checked="" type="checkbox"/> No Yes	LVOT <input checked="" type="checkbox"/> L T	Vmax: _____ m/sec		
Papillary Muscles <input checked="" type="checkbox"/> 1+ 2+ 3+ Morphology		IVS <input checked="" type="checkbox"/> L T	Vmax: _____ m/sec		
Mitral Valve <input checked="" type="checkbox"/> 1+ 2+ 3+ Morphology		IAS <input checked="" type="checkbox"/> L 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 • Diplomate, ACVIM (Cardiology)

Rev. 200704

2-8-21

Date

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom				Date of Exam 02/08/2021		Exam Number 21-44419-02	
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		Registered Name Dixie Alirose			Registration Number SBT 041420 097		Chip/Tattoo Number
Breed Maine Coon		Date of Birth 04/14/2020		Sex Female		HCM Genetic Status Unknown	
Father's Reg#: P-214-2018-57		Any littermates, parents, or other relatives with diagnosed HCM? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, Relationship:					
Mother's Reg#: 0164-19/808/17							
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 Grade: 1 2 3 4 5 6 Duration: <input type="checkbox"/> early <input type="checkbox"/> holo <input type="checkbox"/> ejection Timing: <input type="checkbox"/> systolic <input type="checkbox"/> diastolic <input type="checkbox"/> continuous Location: <input type="checkbox"/> L base <input type="checkbox"/> L apex <input type="checkbox"/> R base <input type="checkbox"/> R apex Other:				Exam Environment: Poor 1 2 3 <u>4</u> 5 Excellent <input type="checkbox"/> purring Arterial Pulse: <input checked="" type="checkbox"/> normal <input type="checkbox"/> decreased <input type="checkbox"/> increased Jugular Pulse: <input checked="" type="checkbox"/> not examined <input type="checkbox"/> absent <input type="checkbox"/> present			
ECHOCARDIOGRAM							
<input type="checkbox"/> not indicated <input type="checkbox"/> indicated, but not performed <input type="checkbox"/> indicated, but declined				Setting: Poor 1 2 3 <u>4</u> 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	<u>N</u> A	<u>14.8</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>15.1</u>	LVIDs		TV	<u>L</u> T	Vmax: _____ m/sec
IVSd	<u>N</u> A	<u>5.17</u>	IVSs		MV	<u>L</u> T	Vmax: _____ m/sec
LVPWd	<u>N</u> A	<u>4.96</u>	LVPWs		RVOT	<u>L</u> T	Vmax: _____ m/sec
FS% <u>60</u>	EF% <u>92</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 <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"/> 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 type="radio"/> 18 months <input type="radio"/> 24 months <input type="radio"/> other Comments:	

J.A. Woodfield DVM

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

2-8-21

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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		Exam Number 21-44419-01	
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 Darci		Registered Name Darci Alirose			Registration Number AFC/CH/FB-043/MCO/20-LO		Chip/Tattoo Number
Breed Maine Coon		Date of Birth 04/14/2020		Sex Female		HCM Genetic Status Unknown	
Father's Reg#: P-W14-2018-57-00196452		Any littermates, parents, or other relatives with diagnosed HCM? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, Relationship:					
Mother's Reg#: ZE-0164-19/806/17/LO-MCO							
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 Grade: 1 2 3 4 5 6 Duration: <input type="checkbox"/> early <input type="checkbox"/> holo <input type="checkbox"/> ejection Timing: <input type="checkbox"/> systolic <input type="checkbox"/> diastolic <input type="checkbox"/> continuous Location: <input type="checkbox"/> L base <input type="checkbox"/> L apex <input type="checkbox"/> R base <input type="checkbox"/> R apex Other:				Exam Environment: Poor 1 2 3 <u>4</u> 5 Excellent <input type="checkbox"/> purring			
				Arterial Pulse: <input checked="" type="checkbox"/> normal <input type="checkbox"/> decreased <input type="checkbox"/> increased			
				Jugular Pulse: <input checked="" type="checkbox"/> not examined <input type="checkbox"/> absent <input type="checkbox"/> present			
ECHOCARDIOGRAM							
<input type="checkbox"/> not indicated <input type="checkbox"/> indicated, but not performed <input type="checkbox"/> indicated, but declined					Setting: Poor 1 2 3 <u>4</u> 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	<u>N</u> A	<u>14.5</u>	LA Size	1+ 2+ 3+ 4+	Ao	<u>L</u> T	Vmax: _____ m/sec
Ao	<u>N</u> A		LA/Ao		PV	L T	Vmax: _____ m/sec
LVIDd	<u>N</u> A	<u>15.8</u>	LVIDs		TV	L T	Vmax: _____ m/sec
IVSd	<u>N</u> A	<u>5.16</u>	IVSs		MV	L T	Vmax: _____ m/sec
LVPWd	<u>N</u> A	<u>4.87</u>	LVPWs		RVOT	L T	Vmax: _____ m/sec
FS%	<u>46.6</u>	EF%	<u>81.3</u>	Systolic Anterior Motion	<u>No</u>	Yes	
Papillary Muscles	<u>N</u> 1+ 2+ 3+	Morphology			LVOT	L T	Vmax: _____ m/sec
Mitral Valve	<u>N</u> 1+ 2+ 3+	Morphology			IVS	L T	Vmax: _____ m/sec
					IAS	L T	Vmax: _____ m/sec
Other Findings:							

FINDINGS	
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