

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom			Date of Exam 02/17/2025	Exam Number 25-53785-02
Address 11024 se 290th st	City St/ Zip Auburn, WA 98092	Country usa	Email apriljoga@gmail.com	Phone Number 253-370-2714
Call Name Pebbles	Registered Name Coonsransom Pebbles	Registration Number SBT 042324 018		Chip/Tattoo Number
Breed Maine Coon	Date of Birth 4/23/2024	Sex Female	HCM Genetic Status Unknown	
Father's Reg#: SBT 061421143	Any littermates, parents, or other relatives with diagnosed HCM?			
Mother's Reg#: SBT 021823066	<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 <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"/> 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 14.6 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 14.5 LVIDs _____	TV <input checked="" type="checkbox"/> L T Vmax: _____ m/sec
IVSd <input checked="" type="checkbox"/> A 4.59 IVSs _____	MV <input checked="" type="checkbox"/> L T Vmax: _____ m/sec
LVPWd <input checked="" type="checkbox"/> A 5.78 LVPWs _____	RVOT <input checked="" type="checkbox"/> L T Vmax: _____ m/sec
FS% 49% EF% 84% Systolic Anterior Motion <input checked="" type="checkbox"/> 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"/> T Vmax: _____ m/sec
Mitral Valve <input checked="" type="checkbox"/> 1+ 2+ 3+ Morphology _____	IAS <input checked="" type="checkbox"/> 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="checkbox"/> normal <input type="checkbox"/> physiologic or outflow tract murmur <input type="checkbox"/> subtle cardiac disorder (see comments below).
<input type="checkbox"/> Abnormal Examination: Evidence for <input type="checkbox"/> Hypertrophic Cardiomyopathy <input type="checkbox"/> Congenital Heart Defect or <input type="checkbox"/> Other Adult-onset Cardiac Disorder; with a diagnosis of: _____ Severity: <input type="checkbox"/> trivial <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> 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="checkbox"/> none, in <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 12 months <input checked="" type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> other
Comments:

J. A. Woodfield DVM

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

2.17.25

Date