

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom			Date of Exam 02/19/2024	Exam Number 24-51926-02
Address 11024 SE 290th St		City St/ Zip Auburn, WA 98092	Country USA	Email apriljoga@gmail.com
Call Name Dakota	Registered Name Masterweaver Last Battlefield of CoonsRansom		Registration Number TICA:SBT021823066	Chip/Tattoo Number
Breed Maine Coon	Date of Birth 02/18/2023	Sex female	HCM Genetic Status Negative	
Father's Reg#: SBT 091821 062		Any littermates, parents, or other relatives with diagnosed HCM?		
Mother's Reg#: SBV 091719 085		<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 4 <input checked="" type="checkbox"/> 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 4 <input checked="" type="checkbox"/> 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	17.2	LA Size 1+ 2+ 3+ 4+	Ao <input checked="" type="checkbox"/> T	Vmax: _____ m/sec
Ao <input checked="" type="checkbox"/> A		LA/Ao _____	PV <input type="checkbox"/> L T	Vmax: _____ m/sec
LVIDd <input checked="" type="checkbox"/> A	15.4	LVIDs _____	TV <input type="checkbox"/> T	Vmax: _____ m/sec
IVSd <input checked="" type="checkbox"/> A	4.12	IVSs _____	MV <input type="checkbox"/> L T	Vmax: _____ m/sec
LVPWd <input checked="" type="checkbox"/> A	4.62	LVPWs _____	RVOT <input type="checkbox"/> T	Vmax: _____ m/sec
FS% <input checked="" type="checkbox"/> 38.7	EF% <input checked="" type="checkbox"/> 65	Systolic Anterior Motion <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	LVOT <input type="checkbox"/> L T	Vmax: _____ m/sec
Papillary Muscles <input checked="" type="checkbox"/> 1+ 2+ 3+ Morphology _____			IVS <input type="checkbox"/> L T	Vmax: _____ m/sec
Mitral Valve <input checked="" type="checkbox"/> 1+ 2+ 3+ Morphology _____			IAS <input 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="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.W. - J.D.V.M.

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

2.19.24

Date