

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom			Date of Exam 02/17/2025	Exam Number 25-53785-04
Address 11024 se 290th st	City St/ Zip Auburn, WA 98092	Country usa	Email apriljoga@gmail.com	Phone Number 253-370-2714
Call Name Sassy	Registered Name Coonsransom Pebbles	Registration Number SBT 061723015		Chip/Tattoo Number
Breed Maine Coon	Date of Birth 4/23/2024	Sex Female	HCM Genetic Status Unknown	
Father's Reg#: SBT 07921093	Any littermates, parents, or other relatives with diagnosed HCM?			
Mother's Reg#: SBT 08220001	<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	
<b>Auscultation:</b> <input checked="" type="checkbox"/> normal <input type="checkbox"/> gallop S3 S4 <input type="checkbox"/> murmur <b>Grade:</b> 1 2 3 4 5 6 <b>Duration:</b> <input type="checkbox"/> early <input type="checkbox"/> holo <input type="checkbox"/> ejection <b>Timing:</b> <input type="checkbox"/> systolic <input type="checkbox"/> diastolic <input type="checkbox"/> continuous <b>Location:</b> <input type="checkbox"/> L base <input type="checkbox"/> L apex <input type="checkbox"/> R base <input type="checkbox"/> R apex <b>Other:</b>	<b>Exam Environment:</b> Poor 1 2 3 <input checked="" type="checkbox"/> 5 Excellent <input type="checkbox"/> purring <b>Arterial Pulse:</b> <input checked="" type="checkbox"/> normal <input type="checkbox"/> decreased <input type="checkbox"/> increased <b>Jugular Pulse:</b> <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	<b>Setting:</b> Poor 1 2 3 <input checked="" type="checkbox"/> 5 Excellent
<input checked="" type="checkbox"/> M-Mode (mm) <input type="checkbox"/> Two-Dimensional (mm)	<b>Spectral/Color-Doppler (L= laminar T= turbulent flow)</b>
2D Lx LA <input checked="" type="checkbox"/> A 17.0 LA Size 1+ 2+ 3+ 4+ Ao <input checked="" type="checkbox"/> A LA/Ao LVIDd <input checked="" type="checkbox"/> A 15.6 LVIDs IVSd <input checked="" type="checkbox"/> A 5.69 IVSs LVPWd <input checked="" type="checkbox"/> A 5.18 LVPWs FS% 57% EF% 89% Systolic Anterior Motion <input checked="" type="checkbox"/> No Yes Papillary Muscles <input checked="" type="checkbox"/> 1+ 2+ 3+ Morphology Mitral Valve <input checked="" type="checkbox"/> 1+ 2+ 3+ Morphology	Ao <input checked="" type="checkbox"/> L T Vmax: _____ m/sec PV <input checked="" type="checkbox"/> L T Vmax: _____ m/sec TV <input checked="" type="checkbox"/> L T Vmax: _____ m/sec MV <input checked="" type="checkbox"/> L T Vmax: _____ m/sec RVOT <input checked="" type="checkbox"/> L T Vmax: _____ m/sec LVOT <input checked="" type="checkbox"/> L T Vmax: _____ m/sec IVS <input checked="" type="checkbox"/> L T Vmax: _____ m/sec IAS <input checked="" type="checkbox"/> L T Vmax: _____ m/sec
<b>Other Findings:</b>	

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="checkbox"/> normal <input type="checkbox"/> physiologic or outflow tract murmur <input type="checkbox"/> subtle cardiac disorder (see comments below). <input type="checkbox"/> <b>Abnormal Examination:</b> 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"/> <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> _____ <b>Re-evaluation:</b> <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 <b>Comments:</b>

Rev. 200704

J.A.W. *[Signature]*  
 J. A. Woodfield, DVM • Diplomat, ACVIM (Cardiology)

2.17.25  
 Date