

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

| | | | | |
|--|--------------------------------------|---|---|------------------------------|
| Owner/Agent April Ransom | | | Date of Exam 09/30/2024 | Exam Number 24-53197-03 |
| Address 11024 se 290th st | | City St/ Zip Auburn, WA 98092 | Country USA | Email apriljoga@gmail.com |
| Call Name Raksha | Registered Name Sarmatcoon Raksha | | Registration Number SBT 120323 065 | Phone Number 253-370-2714 |
| Breed Maine Coon | Date of Birth 12/03/2023 | Sex female | Chip/Tattoo Number HCM Genetic Status Unknown | |
| Father's Reg#: MisterMega Rufus | | Any littermates, parents, or other relatives with diagnosed HCM? | | |
| Mother's Reg#: Anotherchild Aphrodite | | <input checked="" type="checkbox"/> Unknown <input 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 | 12.9 | 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 | 14.5 | LVIDs _____ | TV <input type="checkbox"/> L T | Vmax: _____ m/sec |
| IVSd <input checked="" type="checkbox"/> A | 4.08 | IVSs _____ | MV <input type="checkbox"/> L T | Vmax: _____ m/sec |
| LVPWd <input checked="" type="checkbox"/> A | 4.67 | LVPWs _____ | RVOT <input type="checkbox"/> L T | Vmax: _____ m/sec |
| FS% <input checked="" type="checkbox"/> 42 | EF% <input checked="" type="checkbox"/> 76 | 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"/> 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 <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 checked="" type="radio"/> 18 months <input type="radio"/> 24 months <input type="radio"/> other |
| Comments: _____ |

J. A. Woodfield, DVM

9.30.24

Rev. 200704

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

Date