

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom			Date of Exam 02/17/2025	Exam Number 25-53785-01
Address 11024 se 290th st	City St/ Zip Auburn, WA 98092	Country usa	Email apriljoga@gmail.com	Phone Number 253-370-2714
Call Name Granite	Registered Name Masterweaver At The Last TrumPPet	Registration Number SBT 061421143		Chip/Tattoo Number
Breed Maine Coon Pollydactyl	Date of Birth 06/14/2021	Sex male	HCM Genetic Status Unknown	
Father's Reg#:	Any littermates, parents, or other relatives with diagnosed HCM?			
Mother's Reg#:	<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 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 <input checked="" type="checkbox"/> 4 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 <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 15.2 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 checked="" type="checkbox"/> L T Vmax: _____ m/sec LVIDd <input checked="" type="checkbox"/> A 21.0 LVIDs _____ TV <input checked="" type="checkbox"/> L T Vmax: _____ m/sec IVSd <input checked="" type="checkbox"/> A 4.66 IVSs _____ MV <input checked="" type="checkbox"/> L T Vmax: _____ m/sec LVPWd <input checked="" type="checkbox"/> A 5.65 LVPWs _____ RVOT <input checked="" type="checkbox"/> L T Vmax: _____ m/sec FS% 42% EF% 75% 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 <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="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

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2.17.25

Date