

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom			Date of Exam 02/19/2024	Exam Number 24-51926-05
Address 11024 SE 290th St		City St/ Zip Auburn, WA 98092	Country USA	Email apriljoga@gmail.com
Call Name Tequila	Registered Name Arine Tequina of CoonsRanson		Registration Number TICA:SBT 032623088	Chip/Tattoo Number 900215002874873
Breed Maine Coon	Date of Birth 03/26/2023	Sex		HCM Genetic Status Negative
Father's Reg#: UA-0120-0092-2580/20/MCO		Any littermates, parents, or other relatives with diagnosed HCM?		
Mother's Reg#: UA-0120-0092-4468/21/MCO		<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="radio"/> 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="radio"/> 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="radio"/> A 15.3 LA Size 1+ 2+ 3+ 4+	Ao <input checked="" type="radio"/> L T Vmax: _____ m/sec
Ao <input checked="" type="radio"/> A	PV <input checked="" type="radio"/> L T Vmax: _____ m/sec
LVIDd <input checked="" type="radio"/> A 17.0 LVIDs _____	TV <input checked="" type="radio"/> L T Vmax: _____ m/sec
IVSd <input checked="" type="radio"/> A 4.50 IVSs _____	MV <input checked="" type="radio"/> L T Vmax: _____ m/sec
LVPWd <input checked="" type="radio"/> A 4.84 LVPWs _____	RVOT <input checked="" type="radio"/> L T Vmax: _____ m/sec
FS% 36 EF% 69 Systolic Anterior Motion <input checked="" type="radio"/> Yes	LVOT <input checked="" type="radio"/> L T Vmax: _____ m/sec
Papillary Muscles <input checked="" type="radio"/> N 1+ 2+ 3+ Morphology _____	IVS <input checked="" type="radio"/> L T Vmax: _____ m/sec
Mitral Valve <input checked="" type="radio"/> N 1+ 2+ 3+ Morphology _____	IAS <input checked="" type="radio"/> 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 <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: ○ normal ○ physiologic or outflow tract murmur ○ subtle cardiac disorder (see comments below).	
<input type="checkbox"/> Abnormal Examination: Evidence for ○ Hypertrophic Cardiomyopathy ○ Congenital Heart Defect or ○ Other Adult-onset Cardiac Disorder; with a diagnosis of: _____ Severity: ○ trivial ○ mild ○ moderate ○ 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: ○ none, in ○ 3 months ○ 6 months <input checked="" type="checkbox"/> 12 months <input checked="" type="checkbox"/> 18 months ○ 24 months ○ other	
Comments:	

J.A. Woodfield DVM

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

2.19.24

Date