

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent April Ransom			Date of Exam 3/13/2026	Exam Number 25-55988-02
Address 11024 SE 290th St		City St/ Zip Auburn, WA, 98092	Country USA	Email apriljoga@gmail.com
Call Name Blossom		Registered Name Coonsransom Blossom	Registration Number	Chip/Tattoo Number
Breed Maine Coon		Date of Birth 05/29/2025	Sex Female	HCM Genetic Status Negative
Father's Reg#: SBV 061421143		Any littermates, parents, or other relatives with diagnosed HCM? <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Relationship:		
Mother's Reg#: SBV 01242401				
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 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 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 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 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 N A 16.1	LA Size 1+ 2+ 3+ 4+	Ao L T	Vmax: _____ m/sec	
Ao N A	LA/Ao	PV L T	Vmax: _____ m/sec	
LVIDd N A 15.8	LVIDs	TV L T	Vmax: _____ m/sec	
IVSd N A 5.10	IVSs	MV L T	Vmax: _____ m/sec	
LVPWd N A 4.42	LVPWs	RVOT L T	Vmax: _____ m/sec	
FS% 46% EF% 81% Systolic Anterior Motion N Yes		LVOT L T	Vmax: _____ m/sec	
Papillary Muscles N 1+ 2+ 3+ Morphology		IVS L T	Vmax: _____ m/sec	
Mitral Valve N 1+ 2+ 3+ Morphology		IAS 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:

Rev. 200704

J.A. Woodfield
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3.16.26
Date