NORTHWEST CARDIOLOGY CONSULTANTS

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EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent				Date of Exam	Exam Number
April Ransom				10/26/2026	26-57302-02
Address	**City St/ Zip**	**Country**	**Email**		**Phone Number**
11024 SE 290th St	Auburn WA 98092	USA	apriljoga@gmail.com		253-370-2714
Call Name	**Registered Name**		**Registration Number**		**Chip/Tattoo Number**
Leia	Coonsransom Leia				
Breed	**Date of Birth**		**Sex**		**HCM Genetic Status**
Maine Coon	11/11/2025		Female		Negative
Father's Reg#: SBT 061421 143	Any littermates, parents, or other relatives with diagnosed HCM?				
Mother's Reg#: SBT 102124 050	☐ Unknown ☒ No ☐ 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: ☒ normal ☐ gallop S3 S4 ☐ murmur
Grade: 1 2 3 4 5 6 **Duration:** ☐ early ☐ holo ☐ ejection
Timing: ☐ systolic ☐ diastolic ☐ continuous
Location: ☐ L base ☐ L apex ☐ R base ☐ R apex
Other: _____

Exam Environment: Poor 1 2 3 4 (5) Excellent ☐ purring
Arterial Pulse: ☒ normal ☐ decreased ☐ increased
Jugular Pulse: ☒ not examined ☐ absent ☐ present

ECHOCARDIOGRAM

☐ not indicated ☐ indicated, but not performed ☐ indicated, but declined **Setting:** Poor 1 2 3 4 (5) Excellent

	(M-Mode (mm)		(Two-Dimensional (mm)		Spectral/Color-Doppler (L= laminar T= turbulent flow)				
2D Lx LA	(A) A	18.3	LA Size	1+ 2+ 3+ 4+	Ao	(T) T	_____	Vmax: _____	m/sec
Ao	(A) A	_____	LA/Ao	_____	PV	T	_____	Vmax: _____	m/sec
LVIDd	(A) A	13.3 / 20.2	LVIDs	_____	TV	T	_____	Vmax: _____	m/sec
IVSd	(A) A	5.10 / 3.61	IVSs	_____	MV	T	_____	Vmax: _____	m/sec
LVPWd	(A) A	4.21 / 4.01	LVPWs	_____	RVOT	T	_____	Vmax: _____	m/sec
FS% 29%	EF% 49.1		Systolic Anterior Motion (No) Yes		LVOT	T	_____	Vmax: _____	m/sec
Papillary Muscles (N)	1+ 2+ 3+	Morphology			IVS	T	_____	Vmax: _____	m/sec
Mitral Valve (N)	1+ 2+ 3+	Morphology			IAS	T	_____	Vmax: _____	m/sec

Other Findings:

FINDINGS

☒ **Normal Examination:** No evidence for congential heart disease (random or inherited).

☒ **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)

☐ **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).

☐ **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

☒ ***No cardiac contraindication for elective breeding.*** If descendants from this individual develop hypertrophic cardiomyopathy, then a complete evaluation of parents and littermates is recommended.

☐ ***Hypertrophic cardiomyopathy was found.*** Breed specific guidelines should be followed.

☐ ***Provisional normal examination.*** A repeat evaluation within 6-9 months is recommended. Breeding considerations should be delayed until final evaluation.

☐ ***Treatment Maybe Indicted*** _____

Re-evaluation: ○ none, in ○ 3 months ○ 6 months ☒ 12 months ☒ 18 months ○ 24 months ○ other

Comments:

Rev. 200704

J. A. Woodfield DVM

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

10-26-26

Date