

NORTHWEST CARDIOLOGY CONSULTANTS

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EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent* <u>Janet Blume</u>		Date of Exam* <u>2.8.20</u>	Exam Number <u>20.41986.45</u>
Address <u>9421 Johnson Point Ln NE Olympia WA 98516</u>		City St/ Zip	Country Phone Number <u>360.280.0905</u>
Call Name* <u>Rocket</u>	Registered Name <u>Honey Devil Kumiko of Aoi Neko</u>	Registration Number	Chip/Tattoo Number <u>WA3094160589312</u>
Breed* <u>Maine Coon</u>	Date of Birth* <u>1/22/19</u>	Sex* <u>F</u>	Genetic Status*
Father's Reg#: <u>NRR LO 164431</u>	Any littermates, parents, or other relatives with diagnosed HCM?*		
Mother's Reg#: <u>MC 040115 012</u>	<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*: <u>Janet Blume</u>		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 4 <u>5</u> 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 4 <u>5</u> 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 <u>N</u> A <u>17.5</u> LA Size 1+ 2+ 3+ 4+ Ao <u>L</u> T _____ Vmax: _____ m/sec Ao <u>N</u> A _____ LA/Ao _____ PV <u>L</u> T _____ Vmax: _____ m/sec LVIDd <u>N</u> A <u>15.7</u> LVIDs _____ TV <u>L</u> T _____ Vmax: _____ m/sec IVSd <u>N</u> A <u>4.93</u> IVSs _____ MV <u>L</u> T _____ Vmax: _____ m/sec LVPWd <u>N</u> A <u>5.14</u> LVPWs _____ RVOT <u>L</u> T _____ Vmax: _____ m/sec FS% <u>39%</u> EF% <u>74%</u> Systolic Anterior Motion <u>No</u> Yes LVOT <u>L</u> T _____ Vmax: _____ m/sec Papillary Muscles <u>N</u> 1+ 2+ 3+ Morphology _____ IVS <u>L</u> T _____ Vmax: _____ m/sec Mitral Valve <u>N</u> 1+ 2+ 3+ Morphology _____ IAS <u>L</u> 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 towards: <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"/> adult-onset heart disease; 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 6-12 months is recommended. Breeding considerations should be delayed until final evaluation. 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
2.8.20
Rev. 200201

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