Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name:	City/State:	Phone number:
Monique Peden	Carson City, NV	775-315-9135

Cat's registered name:	Breed:	Date of birth:	☒ Male ☐ Female	☒ Intact ☐ Altered
CH Simply Blessed Ice Cube	Bengal	3/16/18		

Cat's registration number/registry:	Sire's registration number/registry:	Dam's registration number/registry:
SBT 031618 027	SBT 082415 061	SBT 030515 046

I certify that I am the owner of or agent for this cat, and that the cat presented for examination is the cat described above.

Owner/agent: Monique Peden Date: 7/14/23

VETERINARIAN INFORMATION

Name:	Date of examination:	Equipment make/model:
Lori Siemens	7/14/23	GE Vivid i

Address:	~~Phone number:~~ email:
PO Box 1898 Diamond Springs, CA 95619	healinhearts@gmail.com

PHYSICAL EXAMINATION

☐ Microchip or ☐ tattoo ID number:

Weight: ☐ lb ☐ kg

Heart rate: bpm

☐ Dehydrated ☐ Pregnant ☐ Lactating

☐ Other; describe:

Auscultation:

☐ Normal
☐ Gallop
☒ Murmur. Characteristics:
Grade: I (II) III IV V VI ☒ Dynamic ☐ Static
Timing: ☒ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left base
☒ Other; describe: Caudal parasternal

Comments:

ECHOCARDIOGRAM

IVSd	4.8	☐ cm ☒ ~~mm~~	☐ M-mode	☒ 2-D
LVIDd	15.3		☐ M-mode	☒ 2-D
LVFWd	4.9		☐ M-mode	☒ 2-D
IVSs	6.6		☐ M-mode	☒ 2-D
LVIDs	9.6		☐ M-mode	☒ 2-D
LVFWs	7.9		☐ M-mode	☒ 2-D
SF	37%			
Ao	10.6		☐ M-mode	☒ 2-D
LA	12.0		☐ M-mode	☒ 2-D
LA/Ao	1.1			

Subjective left atrial size:
☒ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve: ☐ Yes ☒ ~~No~~
If *yes*, LV outflow tract flow velocity (Doppler):

End-systolic cavity obliteration: ☐ Yes ☒ ~~No~~

Papillary muscles:
☒ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Comments: No reason for the murmur was found.

ASSESSMENT/DIAGNOSIS

☒ Normal *(A normal examination today does not mean that HCM will not develop in the future.)*
☐ Equivocal
☐ HCM: ☐ Mild ☐ Moderate ☐ Severe

Comments:

RECOMMENDATIONS

Recheck examination: ☐ None ☐ 6 months ☒ 1 year ☐ 2 years
Comments: If breeding.

Veterinarian's signature	Area of specialty:	Date:
	Cardiology	7/14/23

FOMCC/10.2002

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name: Monique Peden	City/State: Carson City, NV	Phone number: 775-315-9135	
Cat's registered name: Simplyblessed Ice Cube	Breed: Bengal	Date of birth: 3-16-18	☒ Male ☐ Female ☒ Intact ☐ Altered
Cat's registration number/registry: SBT 031618 027	Sire's registration number/registry: SBT 082415 061	Dam's registration number/registry: SBT 030515 046	

I certify that I am the owner of or agent for this cat, and that the cat presented for examination is the cat described above.

Owner/agent: Monique Peden Date: 10-7-22

VETERINARIAN INFORMATION

Name: Lori Siemens	Date of examination: 10/7/22	Equipment make/model: GE Vivid c
Address: P.O. Box 1898 Diamond Springs, CA	Phone number: healinhearts@gmail.com	

PHYSICAL EXAMINATION

☐ Microchip or ☐ tattoo ID number:

Weight: ☐ lb ☐ kg

Heart rate: bpm

☐ Dehydrated ☐ Pregnant ☐ Lactating

☐ Other; describe:

Auscultation:

☐ Normal purring

☐ Gallop

☐ Murmur. Characteristics:

Grade: I II III IV V VI ☐ Dynamic ☐ Static

Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous

Location: ☐ Left apex (sternum) ☐ Left base

☐ Other; describe:

Comments:

ECHOCARDIOGRAM

IVSd	4.0	☐ cm ☒ mm	☐ M-mode	☒ 2-D
LVIDd	18.2		☐ M-mode	☒ 2-D
LVFWd	4.8		☐ M-mode	☒ 2-D
IVSs	6.8		☐ M-mode	☒ 2-D
LVIDs	9.4		☐ M-mode	☒ 2-D
LVFWs	7.1		☐ M-mode	☒ 2-D
SF	48%			
Ao	10.0		☐ M-mode	☒ 2-D
LA	mean 12.0		☐ M-mode	☒ 2-D
LA/Ao	1.2			

Subjective left atrial size:

☒ Normal

☐ Mild enlargement

☐ Moderate enlargement

☐ Severe enlargement

Systolic anterior motion of the mitral valve: ☐ Yes ☒ No

If *yes*, LV outflow tract flow velocity (Doppler):

End-systolic cavity obliteration: ☐ Yes ☒ No

Papillary muscles:

☒ Normal

☐ Abnormal, moderate enlargement

☐ Abnormal, severe enlargement

Comments:

ASSESSMENT/DIAGNOSIS

☒ Normal *(A normal examination today does not mean that HCM will not develop in the future.)*

☐ Equivocal

☐ HCM: ☐ Mild ☐ Moderate ☐ Severe

Comments:

RECOMMENDATIONS

Recheck examination: ☐ None ☐ 6 months ☒ 1 year ☐ 2 years

Comments: If being used for breeding.

Veterinarian's signature

Area of specialty: Cardiology Date: 10/7/22

FOMCC/10.2002

Hypertrophic Cardiomyopathy Screening Examination Findings

Patient Information

Owner/Agent Name	City/State	Phone Number
Monique Peden	Carson City, NV	775-315-9135

Cat's Registered Name	Breed	Date of Birth		
CH Simply Blessed Ice Cube	Bengal	3/16/18	☒ Male ☐ Female	☒ Intact ☐ Altered

Cat's Registration Number/Registry	Sire's Registration Number/Registry	Dam's Registration Number/Registry
SBT 031618 027	SBT 082415 0161	SBT 030515 0416

I certify that I am the owner of the agent for this cat, and that the cat presented for examination is the cat described above.

Owner/Agent: Monique Peden Date: 10/23/21

Veterinarian Information

Name	Date of Examination	Equipment Make/Model
Laurel Cain, DVM	10 23 21	Sonosite Micromaxx

Address	Phone Number
Cathedral City, Ca. 92234	(951) 852-7846

Physical Examination

Microchip or Tattoo ID Number: _____

Weight _____ ☐ lb ☐ kg

Heart Rate: 145 bpm

☐ Dehydrated ☐ Pregnant ☐ Lactating

Other (describe):

Auscultation:

☒ Normal

☐ Gallop

☐ Murmur: Characteristics:

Grade: I II III IV V VI Dynamic Static

Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous

Location ☐ Left Apex (Sternum) ☐ Left Base

☐ Other: Describe:

Comments:

Echocardiogram

IVSd	.37	☒ cm	☐ mm
LVIDd	1.58	☒ M-mode	☐ 2-D
LVFWd	.137		
IVSs	.54		
LVIDs	.91		
LVFWs	.52		
SF	42		
Ao	1.08		
LA	1.32		
LA/Ao	1.22		

Subjective Left Atrial size:

☒ Normal

☐ Mild Enlargement

☐ Moderate Enlargement

☐ Severe Enlargement

Systolic anterior motion of the mitral valve: none

If Yes, LV outflow tract flow velocity (Doppler): _____

Papillary muscles:

☒ Normal

☐ Abnormal, moderate enlargement

☐ Abnormal, severe enlargement

Comments:

Assessment / Diagnosis

☒ Normal (A normal examination today does not mean that HCM will not develop in the future)

☐ Equivocal

☐ HCM ☐ Mild ☐ Moderate ☐ Severe

Comments:

Recommendations

Recheck examination: ☒ None ☐ 6 months ☐ 1 year ☐ 2 years

Comments:

Recommend annual examination for breeding purposes

Veterinarian signature	Area of specialty	Date
Laurel S Cain, DVM	~~Practitioner (Feline)~~	10 23 21

Scan In A Van & Laurel S. Cain, DVM

Mobile Ultrasound Services
Providing Cardio-vascular and Diagnostic Ultrasound
For you and your four legged companions

AKC #:
Name: Ice Cube
DOB: 03/16/18
Sex: Male
Breed: Bengal
Date of Exam: 10/23/21
Owner: Monique Peden
Examination: Renal ultrasound
Diagnosis: R/O PCKD

Multiple transverse and sagittal images were obtained of the abdominal cavity utilizing 2-D gray scale ultrasonography.

The right kidney is normal in size and contour. There is no evidence of stones, cyst or masses. There is no evidence of hydronephrosis. The ureters were not seen on this exam suggesting no evidence of distal obstruction. The kidney measures 4.20 x 2.38 x 2.38 cm.

The left kidney is normal in size and contour. There is no evidence of stones, cyst or masses. There is no evidence of hydronephrosis. The ureters were not seen on this exam suggesting no evidence of distal obstruction. The kidney measures 3.78 x 2.45 x 2.29 cm.

IMPRESSION: **Normal renal ultrasound with no evidence of Polycystic Kidney Disease (PCKD).**

Laurel S Cain, DVM

Laurel S. Cain, D.V.M.
Veterinarian

P. O. BOX 695 * THOUSAND PALMS, CA 92276 * OFFICE: CELL: (760) 702-1102
31085 Lahonton St. * Temecula, CA 92592

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name	City/State	Phone number
Monique Peden	Carson City NV	775-315-9135

Cat's registered name	Breed	Date of birth	☒ Male ☐ Female	☒ Intact ☐ Altered
SimplyBlessed Ice Cube	Bengal	3/11/18		

Cat's registration number/registry	Sire's registration number/registry	Dam's registration number/registry
SBT 031118 027	SBT 082415 0161	SBT 030515 0416

I certify that I am the owner of or agent for this cat, and that the cat presented for examination is the cat described above.

Owner/agent: Monique Peden Date: 7/16/2020

VETERINARIAN INFORMATION

Name	Date of examination	Equipment make/model
Lori Siemens	7/16/2020	GE Vivid i

Address	~~Phone number~~ e-mail
P.O. Box 1898 Diamond Springs, CA 95619	healinhearts@gmail.com

PHYSICAL EXAMINATION

☐ Microchip or ☐ tattoo ID number: _____

Weight: _____ ☐ lb ☐ kg

Heart rate: _____ bpm

☐ Dehydrated ☐ Pregnant ☐ Lactating

☐ Other; describe:

Auscultation:

☒ Normal

☐ Gallop

☐ Murmur. Characteristics:

Grade: I II III IV V VI ☐ Dynamic ☐ Static

Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous

Location: ☐ Left apex (sternum) ☐ Left base

☐ Other; describe:

Comments:

ECHOCARDIOGRAM

IVSd	4.4	☐ cm ☒ mm	☐ M-mode	☒ 2-D
LVIDd	14.3		☐ M-mode	☒ 2-D
LVFWd	4.6		☐ M-mode	☒ 2-D
IVSs	6.4		☐ M-mode	☒ 2-D
LVIDs	8.5		☐ M-mode	☒ 2-D
LVFWs	5.9		☐ M-mode	☒ 2-D
SF	40 %			
Ao	9.2		☐ M-mode	☒ 2-D
LA	9.2		☐ M-mode	☒ 2-D
LA/Ao	1.0			

Subjective left atrial size:

☒ Normal

☐ Mild enlargement

☐ Moderate enlargement

☐ Severe enlargement

Systolic anterior motion of the mitral valve: ☐ Yes ☒ No

If *yes*, LV outflow tract flow velocity (Doppler): _____

End-systolic cavity obliteration: ☐ Yes ☒ No

Papillary muscles:

☒ Normal

☐ Abnormal, moderate enlargement

☐ Abnormal, severe enlargement

Comments:

ASSESSMENT/DIAGNOSIS

☒ Normal *(A normal examination today does not mean that HCM will not develop in the future.)*

☐ Equivocal

☐ HCM: ☐ Mild ☐ Moderate ☐ Severe

Comments:

RECOMMENDATIONS

Recheck examination: ☐ None ☐ 6 months ☒ 1 year ☐ 2 years

Comments: If being used as a breeder.

Veterinarian's signature	Area of specialty	Date
	Cardiology	7/16/2020

FOMCC/10.2002

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name	City/State	Phone number
Monique Peden	Carson City, NV	775-315-9135

Cat's registered name	Breed	Date of birth	☒ Male ☐ Female	☒ Intact ☐ Altered
SimplyBlessed Ice Cube	Bengal	3/16/18		

Cat's registration number/registry	Sire's registration number/registry	Dam's registration number/registry
SBT 031618 027	SBT 082415 041	SBT 030515 046

I certify that I am the owner of or agent for this cat, and that the cat presented for examination is the cat described above.

Owner/agent: Monique Peden Date: 5/23/19

VETERINARIAN INFORMATION

Name	Date of examination	Equipment make/model
Lori Siemens	5/23/19	GE Vivid i

Address	~~Phone number~~ e-mail
P.O. Box 1898 Diamond Springs, CA 95619	healinhearts@gmail.com

PHYSICAL EXAMINATION

☐ Microchip or ☐ tattoo ID number: _____

Weight: _____ ☐ lb ☐ kg

Heart rate: _____ bpm

☐ Dehydrated ☐ Pregnant ☐ Lactating

☐ Other; describe:

Auscultation:

☐ Normal

☐ Gallop

☒ Murmur. Characteristics:

Grade: I (II) III IV V VI ☐ Dynamic ☐ Static

Timing: ☒ Systolic ☐ Diastolic ☐ Both ☐ Continuous

Location: ☒ Left apex (sternum) ☐ Left base

☐ Other; describe:

Comments:

ECHOCARDIOGRAM

IVSd	3.5	☐ cm ☒ mm	☐ M-mode	☒ 2-D
LVIDd	15.0		☐ M-mode	☐ 2-D
LVFWd	4.7		☐ M-mode	☐ 2-D
IVSs	7.1		☐ M-mode	☐ 2-D
LVIDs	7.2		☐ M-mode	☐ 2-D
LVFWs	7.1		☐ M-mode	☐ 2-D
SF	52%			
Ao	10.0		☐ M-mode	☐ 2-D
LA	12.2		☐ M-mode	☐ 2-D
LA/Ao				

Subjective left atrial size:

☒ Normal

☐ Mild enlargement

☐ Moderate enlargement

☐ Severe enlargement

Systolic anterior motion of the mitral valve: ☐ Yes ☒ No

If *yes*, LV outflow tract flow velocity (Doppler): _____

End-systolic cavity obliteration: ☐ Yes ☒ No

Papillary muscles:

☒ Normal

☐ Abnormal, moderate enlargement

☐ Abnormal, severe enlargement

Comments: Murmur is due to mild dynamic right ventricular outflow tract obstruction.

ASSESSMENT/DIAGNOSIS

☒ Normal *(A normal examination today does not mean that HCM will not develop in the future.)*

☐ Equivocal

☐ HCM: ☐ Mild ☐ Moderate ☐ Severe

Comments:

RECOMMENDATIONS

Recheck examination: ☐ None ☐ 6 months ☒ 1 year ☐ 2 years

Comments: If being used as a breeder.

Veterinarian's signature	Area of specialty	Date
	Cardiology	5/23/19

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