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	3-10-18		

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: 10-7-22

VETERINARIAN INFORMATION

Name:	Date of examination:	Equipment make/model:
Lori Siemens	10/7/22	GE Vivid c

Address:	Phone number/email:
P.O. Box 1898 Diamond Springs, CA	healthearts@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:	Date:
	Cardiology	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 061	SBT 030515 046

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	.37		
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

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
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 021	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: 7/16/2020

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 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: 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

FOMCC/10.2002