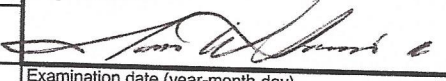




HCM/RCM screening within health programme

NOTE! The pedigree needs to be registered in PawPeds' database before health testing.
Visit <https://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name
Cat's registered name HalonaCoons Esta		James Simmons / Katherine Simmons
Registration number SBV 071025 022		Address 3665 River Rd
ID number, microchip or tattoo		Post code/City/State 44081/Perry, OH
Breed of cat Maine Coon		Country United States
☐ Male ☒ Not altered ☒ Female ☐ Altered		Phone (including country code) 1+(907) 750-9225
Born (year-month-day) 2025-07-10		Email halonacoons@gmail.com
Sire RW SGC Ranchcats Tubbs Jr of HalonaCoons		I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form. Signature  Date 5-15-26
Dam HalonaCoons SILVER BELLE		
Examination		
Sedated ☐ Yes, with: ☒ No		Examination date (year-month-day) 2026-05-15
On medication ☐ Yes, with: ☒ No		Examination equipment
Weight _____ kg BCS _____ 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
ECG Heart Frequency <u>235</u> IVSd <u>0.382</u> ☒ cm ☐ mm ☐ M-mode ☐ 2-D LVIDd <u>1.57</u> ☐ M-mode ☐ 2-D LVFWd <u>0.395</u> ☐ M-mode ☐ 2-D IVSs <u>0.688</u> ☐ M-mode ☐ 2-D LVIDs <u>0.663</u> ☐ M-mode ☐ 2-D LVFWs <u>0.765</u> ☐ M-mode ☐ 2-D SF <u>1EF58/90</u> Ao <u>0.922</u> ☐ M-mode ☐ 2-D LA <u>1.19</u> ☐ M-mode ☐ 2-D LA/Ao <u>1.29</u>		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) <u>1.04</u> End-systolic cavity obliteration ☐ yes ☒ no Papillary muscles ☒ Normal ☐ Abnormal, moderate enlargement ☐ Abnormal, severe enlargement
Assessment (based on phenotype) ☒ Normal ☐ Equivocal ☐ HCM ☐ Mild ☐ Moderate ☐ Severe ☐ RCM ☐ Other, describe		Comments
PawPeds' examination instructions has been followed Cat's identity verified ☐ yes ☐ no, describe why not Veterinary's signature  Date 5-15-26		
Veterinarian's name, clinic's name and address R HAMLIN		

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden