

NORTHWEST CARDIOLOGY CONSULTANTS

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EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent Heather Lewis		Date of Exam Aug 10, 20	Exam Number 20-43104-02
Address		Country USA	Email exoticlegends@gmail.com
City St/ Zip		Phone Number (360) 536-7894	
Call Name Destiny	Registered Name Exotic Legends A Hero's Destiny	Registration Number 9211R-	Chip/Tattoo Number
Breed Bergal	Date of Birth 7/31/2019	Sex Female	HCM Genetic Status Unknown
Father's Reg#: SBT 0Y0514 024	Any littermates, parents, or other relatives with diagnosed HCM?		
Mother's Reg#: SRT 041719 051	<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: Heather H Lewis		Date: Aug 10, 20	

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 5 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
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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 5 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 (N) A 14.6	LA Size 1+ 2+ 3+ 4+	Ao (L) T	Vmax: _____ m/sec
Ao (N) A	LA/Ao	PV (L) T	Vmax: _____ m/sec
LVIDd (N) A 14.4	LVIDs	TV (L) T	Vmax: _____ m/sec
IVSd (N) A 5.38	IVSs	MV (L) T	Vmax: _____ m/sec
LVPWd (N) A 5.50	LVPWs	RVOT (L) T	Vmax: _____ m/sec
FS% 55 EF% 89 Systolic Anterior Motion (No) Yes		LVOT (L) T	Vmax: _____ m/sec
Papillary Muscles (N) 1+ 2+ 3+ Morphology		IVS (L) T	Vmax: _____ m/sec
Mitral Valve (N) 1+ 2+ 3+ Morphology		IAS (L) T	Vmax: _____ m/sec
Other Findings:			

FINDINGS

Normal Examination: No evidence for congenital heart disease (random or inherited).

Normal Examination: No evidence for hypertrophic cardiomyopathy *at the time of this examination*. 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:

J.A. Woodfield DVM

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

8.10.20

Date

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