

NORTHWEST CARDIOLOGY CONSULTANTS

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HYPERTROPHIC CARDIOMYOPATHY SCREENING EXAMINATION

Owner/Agent* Heather Lewis		Date of Exam* 05-July-2019	Exam Number 19-40517-01
Address		City St/ Zip WA	Country USA
Call Name* Titan		Registered Name	Phone Number (360)
Breed* Bengal		Date of Birth* 05-April-2014	Sex* Male (10.25 lbs)
Father's Reg#:		Genetic Status* UNK HZ+ HT+ NEG	
Mother's Reg#:		Any littermates, parents, or other relatives with diagnosed HCM?*	
		<input type="checkbox"/> Unknown <input 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*: <i>Heather Lewis</i>		Date: <i>7-5-2019</i>	

PHYSICAL EXAMINATION	
Auscultation: <input checked="" type="checkbox"/> normal <input type="checkbox"/> gallop S3 S4 <input type="checkbox"/> murmur	Exam Environment: Poor 1 2 3 4 <u>5</u> Excellent <input type="checkbox"/> panting
Grade: 1 2 3 4 5 6 Duration: <input type="checkbox"/> early <input type="checkbox"/> holo <input type="checkbox"/> ejection	Arterial Pulse: <input checked="" type="checkbox"/> normal <input type="checkbox"/> decreased <input type="checkbox"/> increased
Timing: <input type="checkbox"/> systolic <input type="checkbox"/> diastolic <input type="checkbox"/> continuous	Jugular Pulse: <input checked="" type="checkbox"/> not examined <input type="checkbox"/> absent <input type="checkbox"/> present
Location: <input type="checkbox"/> L base <input type="checkbox"/> L apex <input type="checkbox"/> R base <input type="checkbox"/> R apex	
Other: <i>Under isoflurane sedation</i>	

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 type="checkbox"/> panting
<input checked="" type="checkbox"/> M-Mode (mm) <input type="checkbox"/> Two-Dimensional (mm)	Spectral/Color-Doppler
LA <input checked="" type="checkbox"/> A <i>16.9 mm</i> LA Size 1+ 2+ 3+ 4+	Ao <input checked="" type="checkbox"/> T _____ Vmax: _____ m/sec
Ao <input checked="" type="checkbox"/> A _____ LA/Ao _____	PV <input type="checkbox"/> L T _____ Vmax: _____ m/sec
LVIDd <input checked="" type="checkbox"/> A <i>17.2 mm</i> LVIDs _____	TV <input type="checkbox"/> L T _____ Vmax: _____ m/sec
FS% <i>32%</i> EF% <i>64%</i>	MV <input type="checkbox"/> L T _____ Vmax: _____ m/sec
IVSd <input checked="" type="checkbox"/> A <i>5.16</i> IVSs <i>(4.0-6.2 mm)</i>	RVOT <input type="checkbox"/> L T _____ Vmax: _____ m/sec
LVPWd <input checked="" type="checkbox"/> A <i>5.20</i> LVPWs <i>(3.8-5.9 mm)</i>	LVOT <input type="checkbox"/> T _____ Vmax: _____ m/sec
Papillary Muscles <input checked="" type="checkbox"/> 1+ 2+ 3+ Morphology _____	IVS <input type="checkbox"/> T _____ Vmax: _____ m/sec
Mitral Valve <input checked="" type="checkbox"/> 1+ 2+ 3+ Morphology _____	IAS <input type="checkbox"/> T _____ Vmax: _____ m/sec
Systolic Anterior Motion <input checked="" type="checkbox"/> No Yes	
Other:	

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 toward a: <input type="checkbox"/> normal/physiologic murmur <input type="checkbox"/> subtle cardiac disorder (see comments below).	
<input type="checkbox"/> Abnormal Examination: Evidence for <input type="checkbox"/> congenital heart defect <input type="checkbox"/> adult-onset genetic heart disease; with a diagnosis of: _____ Severity: <input type="checkbox"/> trivial <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> 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="checkbox"/> none, in <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 12 months <input checked="" type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> other	
Comments:	

J.A. Woodfield, DVM

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

7.5.19

Date

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