

EXAMINATION FOR HYPERTROPHIC CARDIOMYOPATHY

Owner/Agent				Date of Exam	Exam Number
Address		City St/ Zip	Country	Email	Phone Number
Call Name	Registered Name		Registration Number		Chip/Tattoo Number
Breed		Date of Birth	Sex		HCM Genetic Status
Father's Reg#:		Any littermates, parents, or other relatives with diagnosed HCM?			
Mother's Reg#:		<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: _____				Date: _____	

PHYSICAL EXAMINATION					
Auscultation: <input 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 type="checkbox"/> normal <input type="checkbox"/> decreased <input type="checkbox"/> increased Jugular Pulse: <input type="checkbox"/> not examined <input type="checkbox"/> absent <input type="checkbox"/> present		
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 type="checkbox"/> M-Mode (mm)		<input type="checkbox"/> Two-Dimensional (mm)		Spectral/Color-Doppler (L= laminar T= turbulent flow)	
2D Lx LA	N A	_____	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	_____	LVIDs	_____	TV L T _____ Vmax: _____ m/sec
IVSd	N A	_____	IVSs	_____	MV L T _____ Vmax: _____ m/sec
LVPWd	N A	_____	LVPWs	_____	RVOT L T _____ Vmax: _____ m/sec
FS%	_____	EF%	_____	Systolic Anterior Motion	No Yes L VOT 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
<input type="checkbox"/> Normal Examination: No evidence for congenital heart disease (random or inherited).
<input 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: <input type="radio"/> normal <input type="radio"/> physiologic or outflow tract murmur <input type="radio"/> subtle cardiac disorder (see comments below).
<input type="checkbox"/> Abnormal Examination: Evidence for <input type="radio"/> Hypertrophic Cardiomyopathy <input type="radio"/> Congenital Heart Defect or <input type="radio"/> Other Adult-onset Cardiac Disorder; with a diagnosis of: _____ Severity: <input type="radio"/> trivial <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe

RECOMMENDATIONS
<input 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 6-9 months is recommended. Breeding considerations should be delayed until final evaluation.
<input type="checkbox"/> Treatment Maybe Indicted _____
Re-evaluation: <input type="radio"/> none, in <input type="radio"/> 3 months <input type="radio"/> 6 months <input type="radio"/> 12 months <input type="radio"/> 18 months <input type="radio"/> 24 months <input type="radio"/> other
Comments: _____

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