

## HYPERTROPHIC CARDIOMYOPATHY SCREENING EXAMINATION

Owner/Agent <b>Heather Lewis</b>		Date of Exam <b>4/21/2020</b>	Exam Number <b>20-42419-02</b>
Address <b>City St Zip</b>		Country <b>USA</b>	Phone Number <b>(360) 536 7894</b>
Can Name <b>Caspian</b>	Registered Name <b>Exotic Legends King Caspian</b>	Registration Number <b>SBT 031919</b>	Chip/Tattoo Number
Breed <b>Bengal</b>	Date of Birth <b>3/19/2019</b>	Sex <b>(M) MN F FS</b>	Genetic Status <b>HZ+ HT+ NEG</b>
Father's Reg#:	Any littermates, parents, or other relatives with diagnosed HCM? <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Relationship:		
Mother's Reg#:			
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 <b>Heather Lewis</b>		Date <b>4/21/2020</b>	

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: <b>iso flurane sedation</b>	Exam Environment: Poor 1 2 3 4 <b>(5)</b> Excellent <input type="checkbox"/> panting 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

ECHOCARDIOGRAM																																					
<input type="checkbox"/> not indicated <input type="checkbox"/> indicated, but not performed <input type="checkbox"/> indicated, but declined <input checked="" type="checkbox"/> M-Mode <input type="checkbox"/> Two-Dimensional	Setting: Poor 1 2 3 4 <b>(5)</b> Excellent <input type="checkbox"/> panting																																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">LA <b>(N)</b> A <b>14.7 mm</b></td> <td style="width: 30%;">LA Size N 1+ 2+ 3+ 4+</td> <td style="width: 30%;">Ao <b>(5)</b> T</td> <td style="width: 10%;">Vmax: _____ m/sec</td> </tr> <tr> <td>Ao <b>(5)</b> A</td> <td>LA/Ao</td> <td>PV <b>(5)</b> L T</td> <td>Vmax: _____ m/sec</td> </tr> <tr> <td>LVIDd <b>(N)</b> A <b>15.1 mm</b></td> <td>LVIDs</td> <td>TV <b>(5)</b> L T</td> <td>Vmax: _____ m/sec</td> </tr> <tr> <td>FS% <b>33/60%</b></td> <td>EF%</td> <td>MV <b>(5)</b> L T</td> <td>Vmax: _____ m/sec</td> </tr> <tr> <td>IVSd <b>(N)</b> A <b>4.63</b></td> <td>IVSs</td> <td>RVOT <b>(5)</b> L T</td> <td>Vmax: _____ m/sec</td> </tr> <tr> <td>LVPWd <b>(N)</b> A <b>5.44</b></td> <td>LVPWs</td> <td>LVOT <b>(5)</b> L T</td> <td>Vmax: _____ m/sec</td> </tr> <tr> <td>Papillary Muscles <b>(N)</b> 1+ 2+ 3+ Morphology</td> <td></td> <td>IVS <b>(5)</b> L T</td> <td>Vmax: _____ m/sec</td> </tr> <tr> <td>Mitral Valve <b>(N)</b> 1+ 2+ 3+ Morphology</td> <td></td> <td>IAS <b>(5)</b> L T</td> <td>Vmax: _____ m/sec</td> </tr> <tr> <td>Systolic Anterior Motion <b>(No)</b> Yes</td> <td></td> <td></td> <td></td> </tr> </table>	LA <b>(N)</b> A <b>14.7 mm</b>	LA Size N 1+ 2+ 3+ 4+	Ao <b>(5)</b> T	Vmax: _____ m/sec	Ao <b>(5)</b> A	LA/Ao	PV <b>(5)</b> L T	Vmax: _____ m/sec	LVIDd <b>(N)</b> A <b>15.1 mm</b>	LVIDs	TV <b>(5)</b> L T	Vmax: _____ m/sec	FS% <b>33/60%</b>	EF%	MV <b>(5)</b> L T	Vmax: _____ m/sec	IVSd <b>(N)</b> A <b>4.63</b>	IVSs	RVOT <b>(5)</b> L T	Vmax: _____ m/sec	LVPWd <b>(N)</b> A <b>5.44</b>	LVPWs	LVOT <b>(5)</b> L T	Vmax: _____ m/sec	Papillary Muscles <b>(N)</b> 1+ 2+ 3+ Morphology		IVS <b>(5)</b> L T	Vmax: _____ m/sec	Mitral Valve <b>(N)</b> 1+ 2+ 3+ Morphology		IAS <b>(5)</b> L T	Vmax: _____ m/sec	Systolic Anterior Motion <b>(No)</b> Yes				Spectral/Color-Doppler Vmax: _____ m/sec Vmax: _____ m/sec Vmax: _____ m/sec Vmax: _____ m/sec Vmax: _____ m/sec Vmax: _____ m/sec Vmax: _____ m/sec Vmax: _____ m/sec
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Other:																																					

FINDINGS
<input checked="" type="checkbox"/> <b>Normal Examination:</b> No evidence for congenital heart disease (random or inherited). <input checked="" type="checkbox"/> <b>Normal Examination:</b> 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. <input type="checkbox"/> <b>Equivocal Examination:</b> 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"/> <b>Abnormal Examination:</b> 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"/> <b>No cardiac contraindication for elective breeding.</b> If descendants from this individual develop hypertrophic cardiomyopathy, then a complete evaluation of parents and littermates is recommended. <input type="checkbox"/> <b>Hypertrophic cardiomyopathy was found.</b> Breed specific guidelines should be followed. <input type="checkbox"/> <b>Provisional normal examination.</b> 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
4-23-20

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