

HYPERTROPHIC CARDIOMYOPATHY SCREENING EXAMINATION

Owner/Agent Heather Lewis		Date of Exam 4/21/2020	Exam Number 20-42419-01
Address		City St. Zip	Country USA
Phone Number 360 536 7894		Registrant Number SBT 032219	Chip/Tattoo Number
Call Name Viper	Registered Name Viper of Exotalegends	Genetic Status HZ+ HT+ NEG	
Breed Bengal	Date of Birth 3/22/2019	Sex (M) MN F FS	
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 Heather Lewis		Date: 4/21/2020	

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: isoflurane sedation	Exam Environment: Poor 1 2 3 4 5 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
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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 type="checkbox"/> panting	
<input checked="" type="checkbox"/> M-Mode <input type="checkbox"/> Two-Dimensional		Spectral/Color-Doppler	
LA (N) A 13.8 mm	LA Size N 1+ 2+ 3+ 4+	Ao (L) T	Vmax: _____ m/sec
Ao (N) A	LA/Ao _____	PV (L) T	Vmax: _____ m/sec
LVIDd (N) A 32/64/1	LVIDs _____	TV (L) T	Vmax: _____ m/sec
FS% (N) A 4.82	EF% _____	MV (L) T	Vmax: _____ m/sec
IVSd (N) A 4.82	IVSs _____	RVOT (L) T	Vmax: _____ m/sec
LVPWd (N) A 4.82	LVPWs _____	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
Systolic Anterior Motion (N) Yes			
Other:			

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 a: normal/physiologic murmur subtle cardiac disorder (see comments below).

Abnormal Examination: Evidence for congenital heart defect adult-onset genetic heart disease; 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 6-12 months is recommended. Breeding considerations should be delayed until final evaluation.

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)

4-23-20
Date