

CARDIOVASCULAR EXAMINATION REPORT

Owner/Agent		Date of Exam	Exam Number
Address		City St Zip	Country Phone Number ()
Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Other:	Breed	Date of Birth	Sex M MN F FS
Call Name	Registered Name	Registration Number	Chip/Tattoo Number
Father's Reg#:	Any littermates, parents, or other relatives with congenital/acquired heart disease?		
Mother's Reg#:	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, Relationship:		Diagnosis:
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"/> panting 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
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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	
M-Mode/Two-Dimensional		Spectral/Color-Doppler	
RA/RV/PA N A _____	IVS N A _____	Vmax: _____	m/sec
LA/LV N A _____	RVOT L T _____	Vmax: _____	m/sec
IVS/PW N A _____	LVOT L T _____	Vmax: _____	m/sec
LVOT N A _____	TV L T _____	Vmax: _____	m/sec
TV N A _____	PV L T _____	Vmax: _____	m/sec
MV N A _____	MV L T _____	Vmax: _____	m/sec
Ao N A _____	Ao L T _____	Vmax: _____	m/sec
Other:			

FINDINGS

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

Normal Examination: No evidence for adult-onset genetic heart disease [HCM DCM ARVC Mitral Valve Disease/Regurgitation] *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 congenital heart defects or adult onset genetic heart disease, then a complete evaluation of parents and littermates is recommended.

Congenital heart disease was found. Individuals with congenital heart defects are not candidates for breeding. Family history and evaluation of immediate family is recommended (see comment section below).

Adult onset genetic heart disease was found. Breed specific guidelines should be followed.

No indication for genetic heart disease in a neutered individual. Breed specific guidelines should be followed.

Genetic heart disease in a neutered individual is present. Evaluation of immediate family and genealogy is recommended.

A provisional normal examination is made at this age (< 12 months). A final recommendation cannot be made until a re-evaluation as an adult. Breeding considerations should be delayed until final evaluation.

Placement, selling, or breeding should be delayed until a repeat examination ± Doppler echocardiogram is performed.

Re-evaluation: none, in 3 months 6 months 12 months 18 months 24 months other

Comments:

Rev. 070221