

## Dilated Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION				
Owner/agent name	City/State	Phone number		
Dog's registered name	Breed	Date of birth	<input type="checkbox"/> Male	<input type="checkbox"/> Intact
			<input type="checkbox"/> Female	<input type="checkbox"/> Altered
Dog's registration number/registry	Sire's registration number/registry	Dam's registration number/registry		
I certify that I am the owner of or agent for this dog, and that the dog presented for examination is the dog described above.				
Owner/agent: _____			Date: _____	
VETERINARIAN INFORMATION				
Name:	Date of examination:	Equipment make/model: GE Vivid E9		
Address: 2089 SW 16 <sup>th</sup> Ave, Gainesville, FL 32610			Phone number: (352) 392-2235	
PHYSICAL EXAMINATION				
Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg	Auscultation:			
Heart rate: _____ bpm	<input type="checkbox"/> Normal			
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	<input type="checkbox"/> Gallop			
<input type="checkbox"/> Other; describe:	<input type="checkbox"/> Murmur. Characteristics:			
	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static			
	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous			
	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left base			
	<input type="checkbox"/> Other; describe:			
Comments:				
ECHOCARDIOGRAM				
IVSd _____ <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size:			
LVIDd _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Normal			
LVFWd _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement			
IVSs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement			
LVIDs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement			
LVFWs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	EPSS _____		<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF _____				
Ao _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D				
LA _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D				
LA/Ao _____				
Comments:				
ASSESSMENT/DIAGNOSIS				
<input type="checkbox"/> Clear for DCM ( <i>A normal examination today does not mean that DCM will not develop in the future.</i> )		Comments:		
<input type="checkbox"/> Equivocal				
<input type="checkbox"/> Findings suspicious of mild or early DCM				
<input type="checkbox"/> DCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				
RECOMMENDATIONS				
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years				
Comments:				
Veterinarian's signature		Area of specialty	Date	