

Feline Adult Exam



ACVIM Registry of Companion Animal Health

To complete the certification process, send this form and payment to:
3906 Manchaca Road Austin, TX 78735 512-535-5611

To purchase certificate on-line, go to www.ARCHcertify.org

Required fields are denoted with * and are in bold



Animal Information:

*Registered Name: Wildstyle Smooth Jazz
*Registration #: SBT020217103
Other ID #:
Gender: Male
Breed: Bengal
*Last Name: Farnsworth
First Name: Michelle

Fees:

\$15-Preliminary Congenital (<12 months)
\$15-ARCH Cardiac Certification
No charge for Affected animals

Owner Information:

*Email: (print clearly) Cosmicbengals@gmail.com
Address:
City: North Port
Co-Owner Name:

Cardiologist Information:

Davin J. Borde, DVM, DACVIM (Cardiology)
Institute of Veterinary Specialists
5609 SW 64th Street
Gainesville, FL 32608
352-331-4233 / 888-844-1019

Auscultation:

Result: [X] Normal [] Murmur [] Diastolic Gallop

Echocardiogram:

Result: [X] Normal [] Abnormal [] Uncertain [] No Echo performed

Adult Findings:

[X] Normal Exam: No evidence of feline hypertrophic cardiomyopathy.
[] Uncertain Exam: Feline hypertrophic cardiomyopathy cannot be diagnosed nor excluded.
[] Affected Exam: Feline hypertrophic cardiomyopathy of either a primary or secondary cause is found on examination.

Diagnosis(es):

Exam Quality: [] Poor [] Degraded [X] Good [] Excellent

Auscultation:

Grade (1-6):
Timing: [] Systolic [] Diastolic [] Continuous
Primary PMI: [] Left parasternal [] Right parasternal
Extra Sounds: [] Click [] Split S1 [] Split S2 [] S3/S4

Echocardiogram:

Method Obtained: [] 2D [] M-Mode
LVd:(mm) LAD:(mm)
LVs:(mm) AoD:(mm)
IVSd:(mm) LVPWd:(mm)

ECG:

Heart Rate: (bpm) Rhythm:
IVSd and/or LVPWd > 5.5 mm, please complete the following:
Enter the LVOT velocity (m/s): Plasma T4: [] nmol/L [] µg/dl

Mean electrical axis: [] Normal [] Right axis deviation [] Left axis deviation
Systolic anterior motion of mitral valve: [] Present [] Absent
Blood Pressure: Method: [] Doppler [] Dinamap [] Other

Cardiologist:

I certify that I examined this animal and my findings are correctly represented here. I further understand these results will be entered into the ARCH registry where the animal's owner may obtain a certified copy of the findings.

Signed by:

[Handwritten signature]

Date:

12/10/18

DO NOT RETURN COMPLETED FORM TO OWNER