

# NC State University

## Veterinary Hospital

1052 William Moore Drive

Raleigh, NC 27607

Discharge Comments

**EMAILED**  
**81417KK**

Fax: Admin  
Fax: Referral

Small Animal (919) 513-6500  
Large Animal (919) 513-6630

<b>Client</b> CHERISH FOY JULIAN 1655 JENKINS MILL ROAD SUFFOLK, VA 23437	<b>Patient</b> ZOE BOXER F FAWN CANINE	Case # 217735  0 kg	<b>Attending DVM</b> MEURS, KATHRYN <b>Student</b> <b>Discharging DVM</b> <b>Referring DVM</b>
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**Admission Date/Time:** AUG 11, 2017 11:15 AM

**Discharge Date/Time:**

**Discharge Status:**

Zoe presented for a cardiac screening today

Cardiac examination today indicated a normal cardiac auscultation.

An echocardiogram was performed today and indicated an aortic was 2.0 m/s which is normal for an adult boxer

There is no evidence of congenital cardiac disease today.

**Clinicians:**

Dr. Darcy Adin  
Dr. Bruce Keene  
Dr. Teresa DeFrancesco  
Dr. Sandy Tou  
Dr. Clarke Atkins  
Dr. Kathryn Meurs

**Residents:**

Dr. Brent Aona  
Dr. Kari Kurtz  
Dr. Lara Barron

**Clinical Technicians:**

Petra Vasilik  
Hollie Krivan  
Bevin Annis

**Client Services:**

Karli Kemp

Research Technician  
Allison Klein

In order to help expedite medication refills, please visit us online at [www.ncstatevets.org](http://www.ncstatevets.org) and select Pet Owners, Pharmacy Refills.

**NC STATE VETERINARY HOSPITAL  
HISTORY & PHYSICAL**

217735                      ZOE  
CANINE                    BOXER  
F                              09/02/15                    FAWN  
FOY JULIAN, CHERISH                    103983  
1655 JENKINS MILL ROAD  
SUFFOLK, VA. 23437  
(H) 352-212-0266

Admission / Exam Date: \_\_\_\_\_  
 Weight: \_\_\_\_\_  lbs  kgs \_\_\_\_\_  
 Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_  
 Membrane Color: \_\_\_\_\_ Capillary Refill: \_\_\_\_\_  
 Body Condition: \_\_\_\_\_ Pain Score: \_\_\_\_\_

VACCINATION STATUS:	YES	NO	DATE		N	ABN	No Exam		N	ABN	No Exam
Rabies	<input type="checkbox"/>	<input type="checkbox"/>		General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distemper or FVRCP	<input type="checkbox"/>	<input type="checkbox"/>		Integumentary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mammary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lepto or FeLV	<input type="checkbox"/>	<input type="checkbox"/>		Ophthalmic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>		Otic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEE / WEE / VEE	<input type="checkbox"/>	<input type="checkbox"/>		Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alimentary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Nile Virus	<input type="checkbox"/>	<input type="checkbox"/>		Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>		Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Rhinopneumonitis	<input type="checkbox"/>	<input type="checkbox"/>									
Other: _____				Lactating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**CHIEF COMPLAINT:** \_\_\_\_\_

**HISTORY:**

*See discharge*

*AV = 20*

**PHYSICAL EXAM / ASSESSMENT:** (continued on reverse side if needed)

*See discharge*

- I. Present History
  - A. Onset / Duration
  - B. Progression
  - C. Prior Treatment
- II. Past History
  - A. Medical Illness
  - B. Surgical
  - C. Reproductive
  - D. Adverse Drug Reaction
  - E. Trauma
- III. Environment
  - IV. Preventative
  - V. Systems Review

Student Signature: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_



**Orthopedic Foundation for Animals**  
 2300 E Nifong Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Fax: (573)875-5073  
[www.ofa.org](http://www.ofa.org); A not-for-profit organization

# Application for Advanced Cardiac Database

Performed in association with the Orthopedic Foundation for Animals (OFA) and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)



Registered name: \_\_\_\_\_  
 Call name: Zoe Weight:  kg  lbs.  Estimate  
 Breed: \_\_\_\_\_ Gender: ♀  
 Site Registration #: \_\_\_\_\_ Dam Registration #: \_\_\_\_\_  
 ID Number (if any): 985112005284568  Tattoo  Microchip  
 Registration Number:  AKC  Other  
 Date of Birth: (MMDDYY) \_\_\_\_\_ Date of Exam: (MMDDYY) \_\_\_\_\_  
 Owner Name: \_\_\_\_\_  
 Co-Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_  
 E-Mail (use both lines if needed): \_\_\_\_\_

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative \_\_\_\_\_

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) \_\_\_\_\_

Cardiologist Name: KATHYNE NEVILS  
 Phone #: \_\_\_\_\_ OFA Examiner #: \_\_\_\_\_  
 E-Mail (use both lines if needed):  
knm@vetsen.com  
knm@vetsen.com

Fees and credit card information on back of WHITE sheet.  
 12/22/15



C013743

Genetic Test Status: Test \_\_\_\_\_  
 Negative  Abnormal: Heterozygous  Homozygous

## EXAMINATION FINDINGS

**AUSCULTATION**  
 Normal  Abnormal  Arrhythmia   
 Murmur Grade: I  II  III  IV  V  VI   
 PMI: Left  Right  Base  Apex   
 Timing: Systolic  Diastolic  Continuous   
 Extra Sounds: Click  Gallop  Split S1  Split S2

## ECHOCARDIOGRAM NOT PERFORMED

RA: Normal  Enlarged  mm RV: Normal  enlarged  mm  
 TV: Normal  Abnormal: Mild  Moderate  Severe   
 TR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_ m/s  
 LA: Normal  Enlarged: Mild  Moderate  Severe   
 LAd \_\_\_\_\_ mm: SAX  LAX  (MM  2D   
 MW: Normal  Abnormal: Mild  Moderate  Severe   
 MR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_ m/s  
 LV: Normal  Enlarged: Mild  Moderate  Severe   
 LVIDd: \_\_\_\_\_ mm MM  2D  LVIDs: \_\_\_\_\_ mm MM  2D   
 SF: \_\_\_\_\_ % (MM  2D  EF: \_\_\_\_\_ % (MM  2D  volumetric)  
 ESVI: \_\_\_\_\_ mL/m<sup>2</sup> Sphericity Index \_\_\_\_\_ EPSS: \_\_\_\_\_ mm  
 IVS: I/SD \_\_\_\_\_ mm Normal  Abnormal  (MM  2D   
 PW: PWD \_\_\_\_\_ mm Normal  Abnormal  (MM  2D   
 PapMuscle: Normal  Abnormal   
 LVOT Normal  Abnormal  Ridge  Other \_\_\_\_\_  
 AOV: Normal  Abnormal: Mild  Moderate  Severe   
 Ao Diameter: \_\_\_\_\_ mm LA/Ao: \_\_\_\_\_ Method: \_\_\_\_\_  
 Aov/LVOT Vel: Normal  Abnormal  (Apical  Subcostal  \_\_\_\_\_ m/s  
 DLVOTO:  Vmax \_\_\_\_\_ m/s SAM:   
 AR: None  Mild  Moderate  Severe  m/s  
 RVOT: Normal  Infundibular narrowing  Vmax (if abnormal) \_\_\_\_\_ m/s  
 DRVOTO:  Vmax \_\_\_\_\_ m/s  
 PV: Normal  Abnormal  Mild  Moderate  Severe   
 PV Vel: Normal  Abnormal  (Right  Left apex  \_\_\_\_\_ m/s

**ELECTROCARDIOGRAM (ECG)**  
 normal  abnormal  not performed  
 Date: \_\_\_\_\_ Method: \_\_\_\_\_  
 HR: \_\_\_\_\_ bpm Rhythm: \_\_\_\_\_

## HOLTER ECG

Date performed: \_\_\_\_\_  pending  not performed  
 normal:  equivocal:  abnormal:  (see Holter report for details)

## EXAMINATION RESULTS

**NORMAL**  
 No evidence for congenital heart disease  
 No evidence for adult onset inherited heart disease  
 Valid for 1 year (in Dobermans and Boxers preliminary clearance only; Holter required within 3 months of today for final clearance)  
 **EQUIVOCAL**  
 Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded

## ABNORMAL (evidence of congenital or adult onset inherited heart disease)

Diagnosis:  ARVC  ASD  DCM  HCM  MVD  MNWD  
 PDA  PS  SAS/AS  TVD  VSD  
 Other \_\_\_\_\_  
 Severity:  Mild  Moderate  Severe

Comments (additional findings which would not result in a final abnormal diagnosis): \_\_\_\_\_

I DID verify microchip/tattoo on this dog  
 I DID NOT verify microchip/tattoo on this dog  
 NO MICROCHIP/TATTOO PRESENT

Signature: \_\_\_\_\_ Date: 8/14/2017

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology) or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)