



DCM screening record for Doberman Pinscher

Send copy to: Svenska dobermannklubben c/o Maria Drangel, Säldekärr 1, 590 78 Vreta Kloster

Dog's registered name		Born (year-month-day)	
Registration number	ID number (chip or tattoo)	<input type="checkbox"/> Male	<input type="checkbox"/> Not altered
Sire		<input type="checkbox"/> Female	<input type="checkbox"/> Altered <input type="checkbox"/> Pregnant
Dame		Registration number	
Owner's name and address		Telephone:	
		e-mail:	
Current disease:			
On medication <input type="checkbox"/> No <input type="checkbox"/> Yes, with:			
I accept that all information in this form will be publicly available and filed by the Swedish doberman club.			
Date: Residence: Signature:			

Veterinarian		Date:	
Dog's id no (chip or tattoo):		<input type="checkbox"/> Id no. checked	
Clinical examination		Conventional ECG	
HR bpm:	Weight kg:	Sedated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Murmur <input type="checkbox"/> No <input type="checkbox"/> Yes		Sinus rhythm: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Character: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Continuous		AV block grade <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	
PMI : <input type="checkbox"/> Mitral <input type="checkbox"/> Heartbase <input type="checkbox"/> Tricuspid		VPC /3min <input type="checkbox"/> Couplets <input type="checkbox"/> Triplets <input type="checkbox"/> Run <input type="checkbox"/> VT	
Grade : <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI		APC/3min <input type="checkbox"/> AF	
		Conduction disturbance <input type="checkbox"/> LBBB <input type="checkbox"/> RBBB	
		Other findings/notes:	
Echocardiography		Equipment:	
M-mode <input type="checkbox"/> Long-axis view <input type="checkbox"/> Short-axis view		2D <input type="checkbox"/> Long-axis view <input type="checkbox"/> Short-axis view	
IVSd:	IVSs:	LA:	Ao:
LVIDd:	LVIDs:	LA/Ao:	
LVPWd:	LVPWs:	LV volume (Simpsons long-axis) <input type="checkbox"/> right side <input type="checkbox"/> left side	
LA:	Ao:	Diastole (ml):	Systole (ml):
LA/Ao:	FS%:	EF%:	
Doppler ultrasound			
Aorta Subcostal vmax:..... Apical vmax:.....		Mitral	
Insufficiency: <input type="checkbox"/> none <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe		E wave vmax:..... A wave vmax:..... E/A:.....	
Pulmonary vmax:		Insufficiency: <input type="checkbox"/> none <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
Insufficiency: <input type="checkbox"/> none <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe		Prolapse: <input type="checkbox"/> none <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
Tricuspid vmax:.....		SAM: <input type="checkbox"/>	
Insufficiency: <input type="checkbox"/> none <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe			
Ambulatory electrocardiography (Holter monitoring and event recording)			
Date:		Holtersystem:	
Tot. number of beats:	Mean HR:	VPC /24 h..... <input type="checkbox"/> Couplets <input type="checkbox"/> Triplets <input type="checkbox"/> Run <input type="checkbox"/> VT	
Min HR :	Max HR:	APC /24 h..... <input type="checkbox"/> Intermittent AF Other:.....	
Assessment			
<input type="checkbox"/> Normal <input type="checkbox"/> DCM		Signature veterinarian	
<input type="checkbox"/> Equivocal <input type="checkbox"/> Other		
Comments:		Date:..... Residence	