



Great Ape Heart Project Cardiac Exam Submission Form



Please complete the following sections and submit with DICOM images to: gahpinfo@gmail.com

PATIENT INFORMATION				
EXAM INSTITUTION:		EXAM DATE:		
REASON(S) FOR EXAM: <input type="checkbox"/> Routine Physical <input type="checkbox"/> Pre-shipment to: <input type="checkbox"/> Monitoring previously diagnosed CVD <input type="checkbox"/> Clinical Problem: <input type="checkbox"/> Other:		STUDBOOK NUMBER:		LOCAL ID:
		APE NAME:		
		<input type="checkbox"/> Bonobo <input type="checkbox"/> Orangutan		<input type="checkbox"/> Chimpanzee <input type="checkbox"/> Gorilla
DOB:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	CROWN-TO-RUMP LENGTH (cm):	WEIGHT (kg): <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
BLOOD PRESSURE				
Important note for all anesthetized examinations: Collect a BP measurement at the time of first "hands on", prior to the use of any inhalant anesthetics or other anesthetic supplements. Since many anesthetic agents affect blood pressure, this early measurement may be critical to determine whether hypertension is present in the patient. The first arterial blood pressure collected is ideal since not all blood pressure measurement tools are validated in each species.				
<input type="checkbox"/> First indirect "hands on" blood pressure reading (pre-gas inhalant): / ()				
<input type="checkbox"/> First arterial "invasive" blood pressure reading collected: / ()				
<input type="checkbox"/> Attach any awake blood pressure trends (if available) / ()				
EXAMINERS				
VETERINARIAN:		EMAIL:		
SONOGRAPHER:		EMAIL:		
SONOGRAPHER TRAINING: <input type="checkbox"/> Licensed Sonographer <input type="checkbox"/> DVM Cardiologist <input type="checkbox"/> MD Cardiologist <input type="checkbox"/> Other:		EXAM COMMENTS:		
DATA AND ATTACHMENTS CHECKLIST				
Echoes should be submitted electronically to the GAHP in DICOM format, including 4 cardiac cycle captures as cine-loops and documenting measurements performed. Simultaneous ECG on echo is important for assessing any arrhythmia and allows the GAHP to perform additional Strain analyses.				
<input type="checkbox"/> Anesthesia Report <input type="checkbox"/> N/A – Awake Exam		<input type="checkbox"/> Blood Work (CBC/Chemistry/Biomarkers) <input type="checkbox"/> Urinalysis <input type="checkbox"/> Thoracic CT (if performed)		<input type="checkbox"/> DICOM clips & image documentation of all measurements
ECG (check all that apply):		<input type="checkbox"/> 12 lead	<input type="checkbox"/> 6 lead	<input type="checkbox"/> Telemetry strip
				<input type="checkbox"/> Simultaneous ECG

APE NAME / ID NUMBER _____

Revised July 2025

Health and medication history help provide context for GAHP clinical feedback		
CURRENT HEALTH CONDITIONS		START – END DATES
CURRENT MEDICATIONS	START – END DATES	DOSE FREQUENCY ROUTE

ECHOCARDIOGRAM SCAN SEQUENCING - All Cineloops are Four Cardiac Cycle Captures Please refer to Boyd et al 2020 (JZWM) echocardiographic guidelines manuscript or the GAHP website for more info	
Parasternal Window	
Parasternal Long Axis	2D imaging (at deep depth and shallow) 2D imaging focus LV Color Doppler AV and MV
Parasternal Long Axis – Modified Inflow View	2D Imaging Color Doppler TV PW at tips, CW Doppler if regurgitant jet is noted
Parasternal Long Axis – Modified Outflow View	2D imaging CW Doppler MPA PW Doppler RVOT
Parasternal Short Axis – mitral level	2D imaging (for strain) Color Doppler MV
Parasternal Short Axis – papillary level	2D imaging (for strain)
Parasternal Short Axis – LV apex	2D imaging (for strain)
Modified PSAX - AP4CH – true LV apex	2D imaging (for strain)
Parasternal Short Axis – base	2D imaging, AV, PV, TV CW Doppler MPA PW Doppler RVOT Color Doppler PV, AV, TV Color TV- CW Doppler if indicated
Apical Window	
Apical 4 chamber	2D imaging – all 4 chambers 2D imaging – focused LA – for volume and strain Color Doppler pulmonary vein PW pulmonary vein Color MV PW MV inflow tips of leaflet TDI medial and lateral mitral annulus 2D imaging – LV focused for strain
Modified Apical 4 chamber – right heart	2D imaging RV and RA 2D imaging RV focus Color Doppler TV PW Doppler TV inflow CW Doppler TV regurgitant wave form M Mode TAPSE TDI TV Annulus
Apical 5 chamber	2D imaging Color AV CW AV PW in LVOT
Apical 2 chamber	2D imaging LV and LA 2D imaging – focused LA – for volume and strain Color MV 2D imaging - LV focused for strain
Apical 3 chamber	2D imaging 2D imaging - LV focused for strain Color Doppler MV and MV
Subcostal Window	
	2D imaging 4CH 2D sagittal IVC flow to RA and estimate RA pressure