TAU VETERINARY
CARDIOLOGY AND CONSULTING, LLC

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Hypertrophic Cardiomyopathy Screening Examination

OWNER & PATIENT INFORMATION

Owner/Agent Name:	Address/City,State,Zip Code:	Owner/Agent Phone Number:
Anna Lemus	9617 View High Dr Kansas City, MO 64134	913-306-6803
Owner/Agent Email:		**Cat's Call Name:**
forestbellmc@yahoo.com		Maya

Breed:	Cat's Registered Name:	Cat's Registration Number/Registry:	Coat Color:
Maine Coon	Theroyalcoon Maya of Forest Bell	1723-03026967	Smoke Brwn Tortie/Whit

Date of Birth:	Gender:	Sire's Registration Number/Registry:	Dam's Registration Number/Registry:
5/23/23	___Male ___Intact ✓Female ___Altered	1734-03026144	1703-02970251

I certify that I am the owner of or agent for this cat, and that the cat presented for examination is the cat described above.

Owner/agent signature: Anna M Lemus Date: 3/28/26

VETERINARIAN INFORMATION

Name:	Date of Examination:	Equipment Make/Model:
Justin D Thomason, DVM, DACVIM (Cardiology and SAIM)	03/28/26	GE Vivid IQ

PHYSICAL EXAM & ECHOCARDIOGRAM FINDINGS

Auscultation Heart Rate: 160 bpm Microchip#: 941000027778432

Rhythm: (Regular) Irregular

Murmur: (None) Grade: I II III IV V VI

Location: Left Parasternal Right Parasternal Both Right & Left Parasternal Right Cranioventral

[ ] Other, describe:

[X] M-mode [ ] 2D

IVSd: 4.9 mm	IVSs: 5.9 mm	Ao: 9.8 mm
LVIDd: 15.3 mm	LVIDs: 10.5 mm	LA: 14.8 mm
LVFWd: 4.1 mm	LVFWs: 6.7 mm	LA/Ao: 1.5 mm
	SF: 32 %	

Subjective Left Atrial Size: [H]Normal [ ]Mild Enlargement [ ]Moderate Enlargement [ ]Severe Enlargement

Systolic anterior motion of the mitral valve: [ ]Yes [H]No If yes, LV outflow tract velocity (Doppler): ____

End-systolic cavity obliteration: [ ]Yes [H]No

Papillary muscles: [H]Normal [ ]Abnormal, moderate enlargement [ ]Abnormal, severe enlargement

Comments:

ASSESSMENT/DIAGNOSIS

[H]Normal (A normal examination today does not mean that HCM will not develop in the future.)

[ ]Equivocal (findings suspicious of mild or early HCM)

[ ]HCM: [ ]Mild [ ]Moderate [ ]Severe

Comments:

RECOMMENDATIONS

Recheck Examination: ___None ___6 months +1 year ___2 years

Comments:

Veterinarian Signature:	Area of Specialty:	Date:
	Cardiology	03/28/26