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Hypertrophic
Cardiomyopathy Screening
Examination Findings

PATIENT INFORMATION

Owner/Agent Name: <u>Tracy DeLuna</u>		City/State: <u>Blanchard, OK</u>		Phone Number: <u>405-659-9888</u>	
Cat's Call Name: <u>Java</u>	Cat's Registered Name: <u>Lunabatz Java</u>	Cat's Registration Number/Registry: <u>SBT 051723004</u>		Breed: <u>Bengal</u>	
Date of Birth: <u>5/17/23</u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intact <input type="checkbox"/> Altered	Sire's Registration Number/Registry:		Dam's Registration Number/Registry:	

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: Tracy DeLuna Date: 4/27/24

VETERINARIAN INFORMATION

Name: Justin D Thomason, DVM, DACVIM (Cardiology and SAIM)	Date of Examination: April 27, 2024	Equipment Make/Model: GE Vivid IQ
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PHYSICAL EXAMINATION

Heart Rate: 150 bpm Microchip #: 900141000548562

Auscultation (circle one):
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:

<input checked="" type="checkbox"/> M-mode [] 2D	IVSs: <u>6.2</u> mm	
IVSd: <u>4.1</u> mm	LVIDs: <u>9.4</u> mm	Ao: <u>9.4</u> mm
LVIDd: <u>14.1</u> mm	LVPWs: <u>5.4</u> mm	LA: <u>11.8</u> mm
LVPFWd: <u>3.5</u> mm	SF: <u>34</u> %	LA/Ao: <u>1.3</u> mm

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

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

End-systolic cavity obliteration: [] Yes No

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

Comments:

ASSESSMENT/DIAGNOSIS

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: Physiologic heart murmur

RECOMMENDATIONS

Recheck Examination: ___ None ___ 6 months 1 year ___ 2 years

Comments:

Veterinarian Signature: 	Area of Specialty: Cardiology	Date: April 27, 2024
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