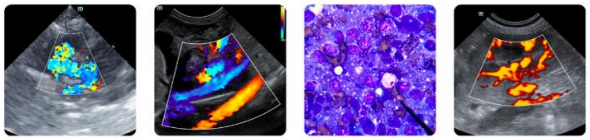

PATIENT

Micky Mac Kochenderfer

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13 years

WEIGHT

12.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh Veterinary Hospital

REFERRING VET

Dr. Evans

INVOICE

47575

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Since then, VPCs have become more frequent with couplets/triplets. On Methimazole 2.5mg BID Amlodipine 0.625mg SID, Pimobendan 1.25mg BID, Clopidogrel 18.75mg SID, Spironolactone 5mg BID, Renacare potassium gluconate. BP: 138, 138, 142mmHg.
-ECG report (Antech): HR: 181bpm. Sinus rhythm with VPCs and ventricular couplets.
-Pertinent previous echo findings (9/2025 MML): HCM. LV: 0.74/0.65, severe LAE: 2.3cm. PCE/pleural effusion consistent with CHF.

ECHOCARDIOGRAM FINDINGS

Limited 2D and m-mode imaging is available. The left ventricular wall is irregular with mild hypertrophy overall. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is mild papillary muscle remodeling. The LV function is adequate with a normal LV chamber. The left atrium is moderately enlarged with auricular involvement. No obvious smoke or thrombi appreciated. The right atrium is not well visualized. The mitral valve appears largely normal. No evidence of systolic anterior motion; however, outflow velocities are not adequately assessed. Trace MR. No pericardial or pleural effusion seen. No obvious cardiac masses. Irregular rhythm throughout.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm) (Moise, Pipers)	**LVIDd** (cm) (Moise, Pipers)	**LVWd** (cm) (Moise, Pipers)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.8		0.68	1.6	0.67	47	90
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE (Swe)** (Abbott)	**LA** 2D short axis Base view (cm) (Abbott)		**LVOT VEL** (m/s)	**RVOT VEL** (m/s)	**E max** (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.8	1.7		NM	NM	NM

Note: All measurements based upon multi-modal images and methods. An average value is reported.
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings appear stable to mildly improved. The LV hypertrophy is slightly decreased and the LA moderately dilated. Of concern, the arrythmia persists; however, as reported in the history an ECG is pending.

Given these findings, full lifelong cardiac supportive medications should be continued going forward. It must be reiterated that referral should be considered, particularly if response to treatment is lacking for a complete evaluation.

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The mean survival time at this point is <6 months. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

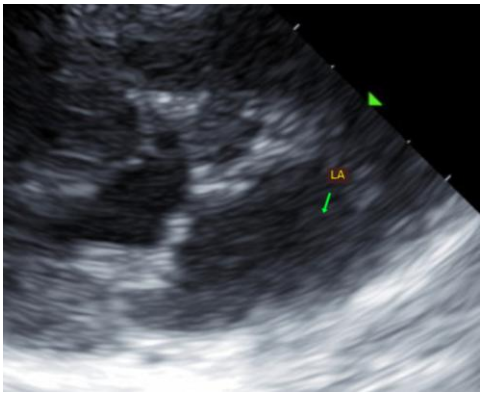
PLAN

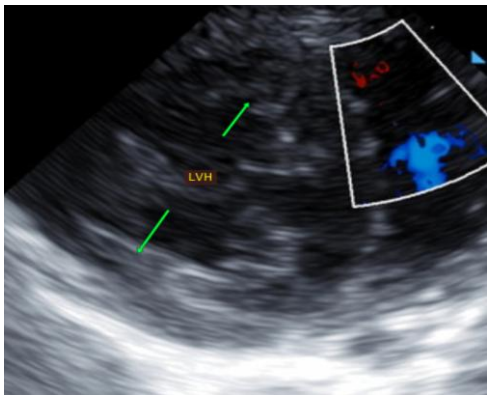
Screening BP/T4 every 6 months. Consider referral in this case. If declined, all medications as previously described.

Monitor renal values and BP every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess progression.

IMAGES





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
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