



**PATIENT**

Moose Lepow

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

13lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Scairpon

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Spironolactone, Furosemide, Pimobendan, Enalapril.

-Abnormal PE/Chem/CBC/UA Results: Elevated ALKP, otherwise WNL.

-Pertinent previous echo findings (6/2022 MML): Severe MR, severe LAE, no LVE, FS: 26%, mild RHE, mild TR: 3.0m/s. LA: 2.7, LV: 3.4.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior > posterior) with significant prolapse into the left atrial lumen. Flail anterior leaflet. Severe eccentric mitral regurgitation with mild left atrial dilation. No significant LV dilation with mildly depressed myocardial function. The tricuspid valve appears mildly thickened, with mild tricuspid regurgitation. Mildly elevated TR velocity. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

**CARDIAC CHART**

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.8	3.2	2.2	2.2	34	64	0.37
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	214	1.2	1.0	5.9	2.6	3.7	2.4
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic degenerative valve disease persists with overall stability. A flail leaflet is visualized which was not noted previously; however, the left heart dimensions are largely unchanged and no symptoms noted making this likely an incidental finding. The right heart is mildly affected with mild stable pulmonary hypertension. No additional issues are identified.

**INVOICE**

27012

**DATE**

10/20/22



**PATIENT**

Moose Lepow

While stable disease and lack of symptoms is a good sign, the risk for recurrent CHF and/or associated clinical signs will persist lifelong.

**SPECIES**

Canine

The prognosis remains guarded to poor overall; however, it is encouraging the patient has done well thus far. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

**BREED**

Mix

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a worsening cough, labored breathing, exercise intolerance or collapse episodes.

**SEX**

Male Neutered

**PLAN**

Monitor BP every 6 months. Continue Pimobendan, Spironolactone, Lasix and Enalapril as previously recommended. Consider hydrocodone as discussed.

**AGE**

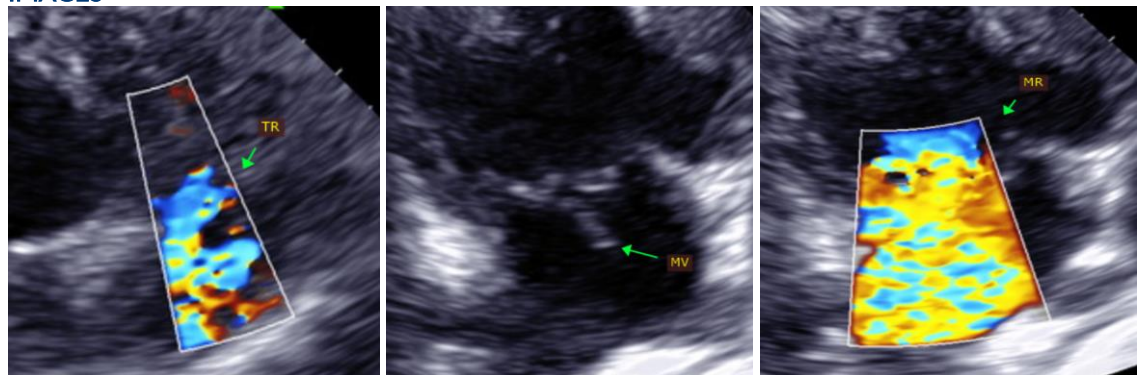
12 years

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise/persist.

**WEIGHT**

13lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Diane McFadden

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.

**HOSPITAL NAME**

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Sussex County

**REFERRING VET**

Dr. Scairpon

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