



PATIENT

Moose Lepow

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

13.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Kim

INVOICE

24672

DATE

6/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Increased coughing, lethargy, elevated ALT and ALP, lyme positive.
 -Current medications: Doxycycline, Furosemide 10mg bid, Spironolactone 12.5mg bid, Pimobendan 2.5mg bid, Enalapril 2.5mg bid.
 -Abnormal PE/Chem/CBC/UA Results: Lyme +, PLT 442, ALT 108 (118 H),ALP 270. U/A-FROM 3/19/2022 USG 1.010.
 -Pertinent previous echo findings (2/2022 MML): Severe MR, severe LAE, LVE, FS: 22%. LV: 4.1/3.2, mild TR, mild RHE, RCT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior> posterior) with minimal prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe 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	5.3	3.0	1.8	2.0	26	50	0.3
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	200	1.0	0.93	6.3	2.7	3.4	2.5
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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

Compared to the prior study, there is evidence of stability and slight improvement. Severe mitral and mild tricuspid regurgitation are unchanged; however, the left heart dimensions have improved. The systolic functions remains depressed, although improved comparatively. Mild



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pulmonary hypertension is not surprising given the degree of disease. No additional issues are identified.

SPECIES

Canine

A persistent cough is likely mechanical in origin if independent of the breathing issues. Hydrocodone is recommended for quality of life. Repeat CXR should always be considered with a change in symptom.

BREED

Chihuahua Mix

The prognosis remains poor with an average survival of <6 months; however, they generally are able to maintain a good quality of life for that period. 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.

SEX

Male Neutered

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.

AGE

12 years

PLAN

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

WEIGHT

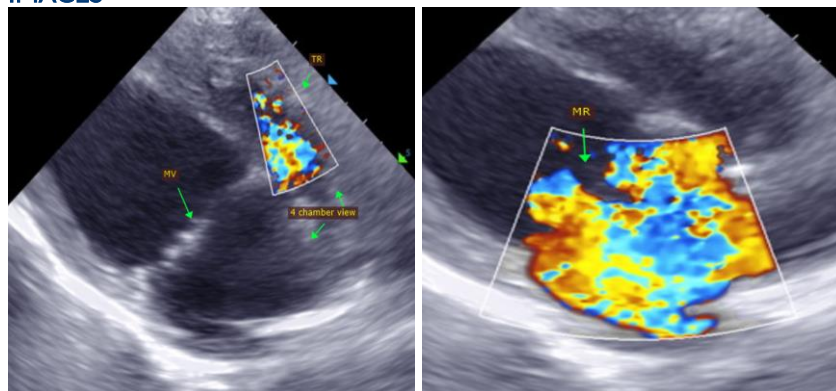
13.9lbs

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

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IMAGES



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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.

REFERRING VET

Dr. Kim

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.

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