

PATIENT

Louie Libassi

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

13 Years 11 Months

WEIGHT

11.4 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hamptonburgh Animal
Hospital

REFERRING VET

Dr. Halpern

INVOICE

16598

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Echo, Grade 5/6 systolic murmur, coughing more than usual. Meds: Enalapril 2.5 mg 1 PO BID, Lasix 12.5mg 1/2 PO BID

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (m-mode long axis)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.8	3.0	1.9	2.1	54	NM	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	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				
PATIENT	162	1.4	0.7	5.2	3.3	3.1	1.4

Cardiac Presentation

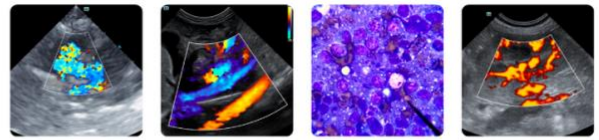
The **left atrium** is significantly enlarged, with no evidence of smoke or thrombus formation. The **left ventricle** is increased in diameter with normal wall thickness and demonstrates good systolic function. The **right atrium** is subjectively of normal size and **right ventricle** dimensions, and systolic function are subjectively normal. There is severe **mitral valve** regurgitation, with flail of the septal leaflet, suggesting chordae tendineae rupture. There is mild **tricuspid valve** regurgitation noted, of mildly elevated velocity, without other evidence of clinically significant pulmonary hypertension. Estimates of left ventricular filling pressure are elevated (Mitral E-vel 1.5 m/s, A-vel 1.2 m/s). The **aortic** and **pulmonary valves** both exhibit normal appearance and function. The **main pulmonary artery** appears normal. No pericardial/pleural effusion or cardiac masses are seen. There is no evidence of an arrhythmia.

ULTRASONOGRAPHIC FINDINGS

Myxomatous mitral valve disease – Stage C.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given that the patient is already on furosemide, it is likely that the moderately elevated left atrial size, moderately elevated left ventricular filling pressures, and mildly elevated left ventricular diastolic diameter would be further increased without diuretic therapy. Thus, it is likely that the patient has gone into congestive heart failure. Long-term prognosis in dogs with CHF is variable, but most patients will stabilize for 6 -12 months with therapy, until eventually



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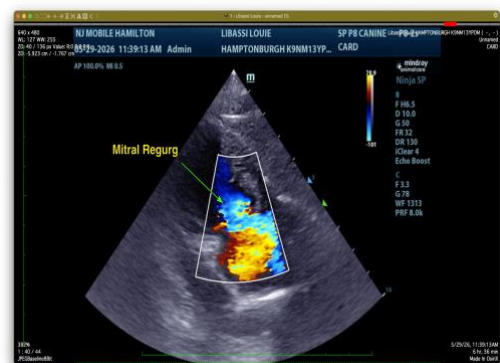
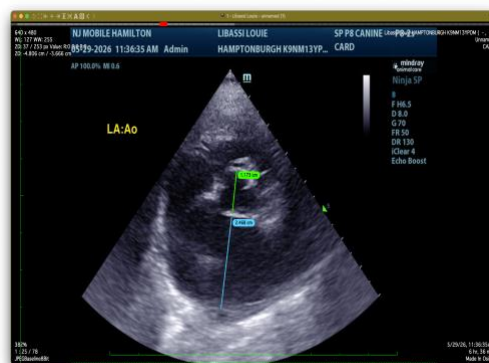
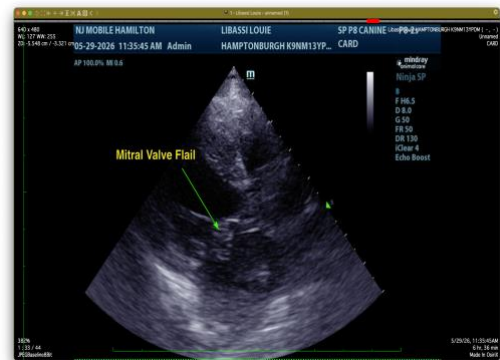
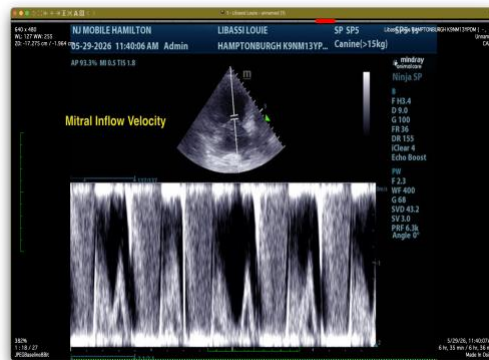
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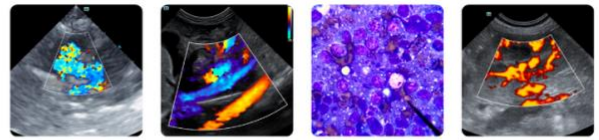
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their disease progresses – most canine patients in CHF succumb to their disease within 12 months.

- Begin Pimobendan at 0.2 – 0.3 mg/kg PO BID and continue enalapril at the current dose. Spironolactone (2mg/kg q24h) would also be recommended if renal values are normal.
- If the clinical signs are controlled, then continue furosemide at the current dose. If the sleeping respiratory is elevated (>30 breaths per minute), then consider increasing the furosemide dose to 20mg BID, and then as needed (up to 4 mg/kg TID) until signs are controlled.
- If the respiratory rate is normal, but coughing persists, they may be due to irritation of the mainstem bronchus by the enlarged left atrium or may indicate concurrent respiratory disease. Treatment with cough suppressants such as hydrocodone or maropitant may be helpful.
- Daily monitoring of the sleeping respiratory rate at home is recommended, and if the sleeping respiratory exceeds 35 breaths per minute, then a prompt recheck physical examination and chest radiographs to assess for pulmonary edema would be warranted.
- The patient may benefit from a cardiac diet such as Purina’s “CardioCare” veterinary diet. Salty treats should be avoided.
- If the patient is doing clinically well, then recheck echocardiogram is recommended in 6-8 months. MMVD is a progressive disease, and it can be expected that the patient’s disease will progress over time.
- Anesthesia should be avoided if at all possible. If an anesthetic procedure must be performed, then referral to a facility with a board-certified anesthesiologist or cardiologist on staff is recommended.





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

SPECIES

Canine

Thank you for this referral. 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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