



**PATIENT**

Samson Clarkin

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Male Neutered

**AGE**

13 years

**WEIGHT**

19lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Falmouth Animal  
Hospital

**REFERRING VET**

Dr. Fallon

**INVOICE**

21689

**DATE**

10/25/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease- stage lat B2. Clinically doing well.  
-Current medications: Spironolactone 1.4mg/kg BID; Vetmedin 0.3mg/kg BID; Enalapril 0.6mg/kg BID.  
-Previous pertinent echo findings (04/09/21 MML): LA 3.4cm; LA:Ao 2.3; LV 3.4cm; severe LAE; severe MR; moderate TR 2.5 m/s.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is increased with hyperdynamic function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is severely dilated.

**Mitral valve:** The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

**Aortic valve/Aorta:** The aortic valve appears thickened with borderline increased outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Mild RV enlargement.

**Right atrium:** Mild RA dilation.

**Tricuspid valve:** The tricuspid valve appears thickened with septal prolapse and moderate tricuspid regurgitation; normal velocity.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 120bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.4
LA diam (cm)	3.4
LA:Ao (Swe)	2.4
IVS thickness (cm)	0.72
LVID diastole (cm)	3.66
PW thickness (cm)	0.71
LVID systole (cm)	1.6
FS (%)	57

**Doppler Measurements**

PV Vmax (m/s)	0.82
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with severe yet stable disease. Severe mitral and moderate tricuspid regurgitation are quantitatively unchanged, without concurrent PAH or other comorbidities. The LA and LV are persistently dilated indicating an elevated risk for clinical signs going forward; however, this is largely unchanged from the prior study.

Even with relative stability, this degree of dilation indicates the risk for spontaneous congestive heart failure remains elevated and continued cardiac supportive medications are recommended as previously described. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late B2). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.



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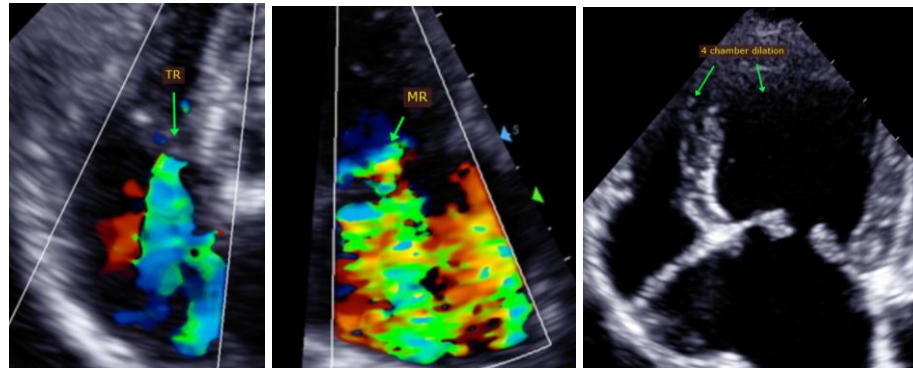
**RECOMMENDATIONS**

- Continue 3 medications as prescribed.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

**PLAN**

- A renal panel is recommended every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**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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