



**PATIENT**

Liberty Shubitowski

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Female Spayed

**AGE**

17 years

**WEIGHT**

15.4lbs

**PRESENTING CLINICAL SIGNS**

History: Grade III/VI systolic murmur. Syncopal episode every few months; vomiting every few days but eating. Diarrhea improved with metronidazole. Weight loss - was 18.2lb one year ago. BP: 150mmHg

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. No mitral regurgitation.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears mildly thickened with mild septal prolapse and mild 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 160bpm.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	1.5
LA diam (cm)	1.5
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.77
LVID diastole (cm)	2.0
PW thickness (cm)	0.7
LVID systole (cm)	1.2
FS (%)	40

**Doppler Measurements**

PV Vmax (m/s)	0.94
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.3
TR PG (mmHg)	20

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**INTERPRETATION OF THE FINDINGS**

The cause of the murmur is chronic degenerative valve disease causing mild tricuspid regurgitation. This is somewhat unusual to see in the absence of left-sided changes; however, no ancillary issues such as pulmonary hypertension are right heart enlargement are documented. The right atrium is normal indicating the current risk for complication is low. No additional issues are noted in this study.

**HOSPITAL NAME**

Norfolk County  
Veterinary Service

**REFERRING VET**

Dr. Ilovich

No structural cause for syncope is seen on this exam, such as pulmonary hypertension or severe disease. Depending on the situational component of the episodes, further evaluation may be indicated such as a holter monitor, neurologic evaluation, etc.

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Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

**DATE**

10/28/21



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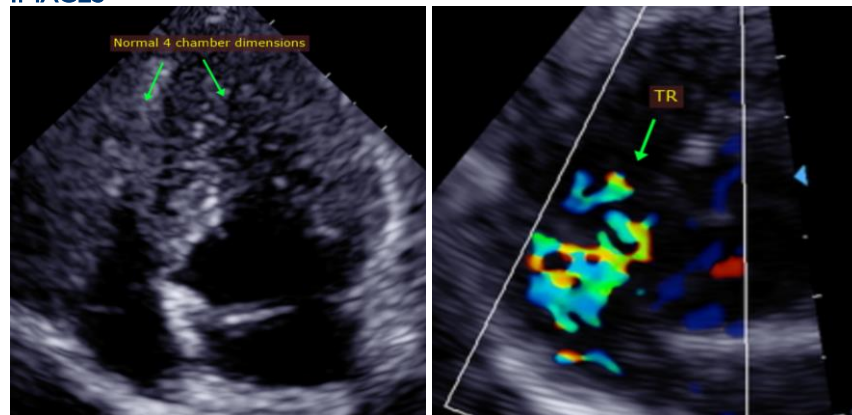
**RECOMMENDATIONS**

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 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.

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