



PATIENT

Sampson Clarkin

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Male Neutered

AGE

14 years

WEIGHT

18lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Hauser

INVOICE

26662

DATE

10/3/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Recent honking cough. Radiographs: left - sided cardiomegaly with moderate LAE. No evidence of cardiogenic pulmonary edema. BP: 188, 188, 190 mmHg. Current medications: Pimobendan 2.5mg BID, Enalapril 5mg BID, Spironolactone 12.5mg BID, Amlodipine 2.5mg SID for hypertension. -Pertinent previous echo findings (10/25/21 MML): LA 3.4 cm; LA: Ao 2.4, LV 3.66 cm, severe LAE, LVE, severe MR; moderate TR (2.7 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 80bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	3.4
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.7
LVID diastole (cm)	3.9
PW thickness (cm)	0.7
LVID systole (cm)	1.4
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Persistently stable disease is identified in this study. The left heart remains significantly increased with a slight increase in LV dimension. Severe mitral and moderate tricuspid regurgitation are unchanged, without obvious PAH. No additional issues are identified.

A cough is reported in the history without CHF on films. Based upon this, no obvious indication for Lasix at this time. Further evaluation/treatment of the cough may be warranted, including Hydrocodone. Close monitoring of breathing rates is recommended to screen for CHF at home.



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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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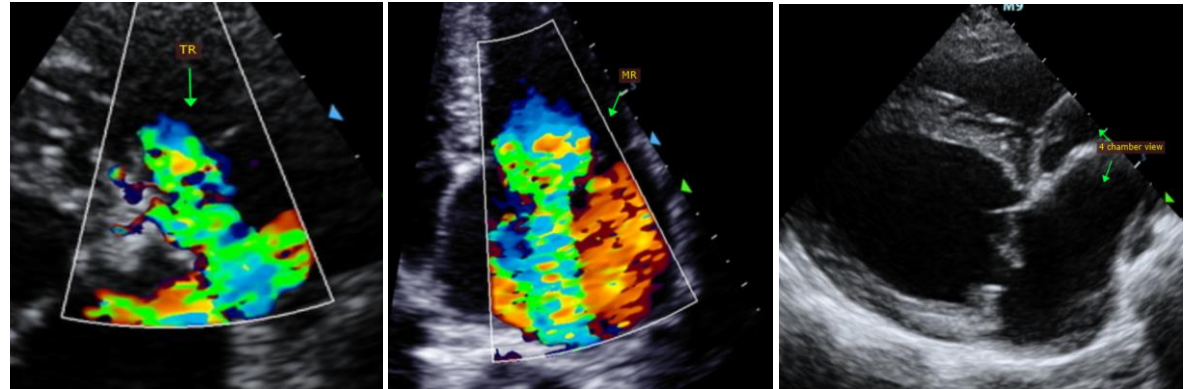
RECOMMENDATIONS

- Continue 3 medications as prescribed.
- Consider Hydrocodone as discussed.
- 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



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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. Hauser

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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