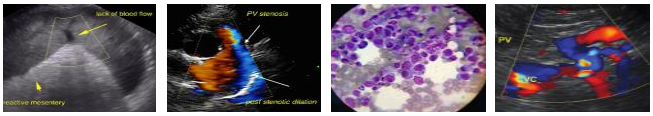

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1-800-838-4268 info@sonopath.com

DATE

10/21/22

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT

Bennett Williams

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

6 mo

WEIGHT

60 lb

HOSPITAL NAME

Swart Veterinary Imaging

REFERRING VET

Dr. Swart

PRESENTING CLINICAL SIGNS

History: High-pitched, squeaky murmur at the heart base first detected at time of neuter. Asymptomatic. Sedated for exam with butorphanol.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve is normal. There is mild left ventricular hypertrophy. Left ventricular internal dimensions are normal. Left ventricular systolic function is mildly hyperdynamic. There is a small fibrous ridge on the septal portion of the left ventricular outflow tract. There is turbulent systolic flow originating in the outflow tract, the velocity of which is consistent with the presence of at least moderate subaortic stenosis. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA – 41.6 mm
IVSd – 12.3 mm
LVPWd – 11.3 mm
LVIDd – 36.9 mm
LVIDs – 20.6 mm
FS – 44%
LVOT – >4.00 m/s
RVOT – 1.29 m/s

ASSESSMENT/RECOMMENDATIONS

Subaortic stenosis (SAS)

This examination demonstrates a small fibrous ridge on the septal surface of Bennett's left ventricular outflow tract, consistent with a lesion of SAS. The velocity of flow across Bennett's ridge is consistent with the presence of at least moderate stenosis, however, as the images provided can only measure velocity up to 4 m/s, and Bennett's velocity is higher than that, the true severity of his disease cannot be determined from the image set. In addition, SAS can progress until a dog is fully grown, therefore, it will be a few more months until the final severity of his disease is apparent. Secondary to his stenosis, Bennett has mild hypertrophy of his left ventricular walls. Dogs with moderate stenosis or worse are at risk for the development of exercise intolerance, syncope, and arrhythmia formation, the latter of which can result in sudden death, therefore, careful monitoring for these is recommended.

No surgical/interventional therapy has been shown to be beneficial in dogs with SAS that are asymptomatic. I do recommend starting Bennett on atenolol (~1 mg/kg BID), as this medication should reduce his myocardial oxygen demand, which may potentially help to reduce his risk for the development of clinical signs and/or arrhythmia secondary to his disease. Avoidance of strenuous exercise is recommended.

SAS is associated with an increased risk for the development of aortic valve endocarditis, therefore, prophylactic antibiotic therapy any time there is a risk for systemic bacteremia (ex. wound, surgery, infection).

A recheck echocardiogram and ECG are recommended in 6-8 months.

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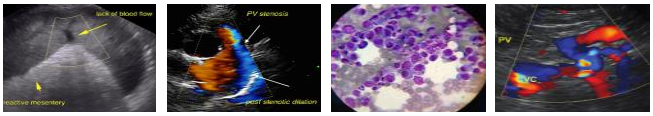

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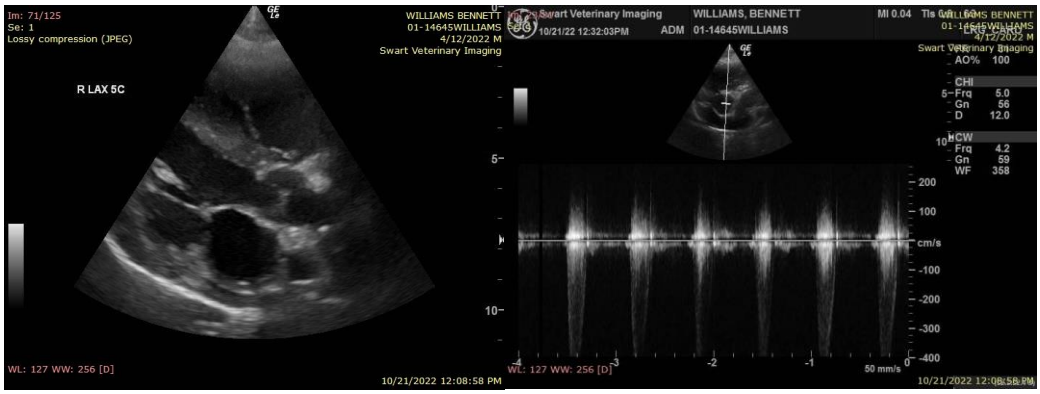

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754