



PRESENTING CLINICAL SIGNS

History: Grade II/VI murmur initially ausculted at 2 months of age. Pre-anesthetic evaluation (neuter). Sedated for exam with acepromazine and butorphanol.

DATE

12/16/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Tenorio

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal, as is left ventricular systolic function. There is a small ridge of tissue on the septal surface of the left ventricular outflow tract. There is turbulent blood flow in this region, the velocity of which is consistent with the presence of moderate subaortic stenosis (PG 65 mmHg). The aorta and aortic appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

ECG during echo: Sinus arrhythmia

Augie Harkey

LA - 32.1 mm
IVSd - 7.6 mm
LVPWd - 7.9 mm
LVIDd - 35.3 mm
LVIDs - 22.7 mm
FS - 35.7%
RA - 27.5 mm
LVOT - 4.04 m/s
RVOT - 0.88 m/s

SPECIES

Canine

BREED

Golden Retriever

ASSESSMENT/RECOMMENDATIONS

Subaortic stenosis (SAS)

SEX

M

AGE

14 mo

This examination demonstrates a ridge of tissue on the septal surface of Augie's left ventricular outflow tract, consistent with a lesion of SAS. The velocity of blood passing by this lesion indicates that Augie's SAS is moderate in severity. Most dogs with this degree of SAS will tolerate their disease well with minimal to no clinical signs, though a smaller percentage will experience signs, such as exercise intolerance and/or syncope, while others can potentially develop ventricular arrhythmias that can be fatal if severe. As Augie does not have secondary hypertrophy of his left ventricle, his current risk for the development of clinical signs and/or an arrhythmia appears to be fairly low.

WEIGHT

58 lb

HOSPITAL NAME

Wauwatosa Vet

Augie's cardiovascular risk for general anesthesia is mildly to moderately increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, telazol, acepromazine, and, if possible, anticholinergics in the anesthetic protocol. If possible, monitoring of Augie's heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure. As SAS is associated with an increased risk for the development of aortic valve endocarditis, prophylactic antibiotic therapy is recommended perioperatively, as well as any time Augie develops a risk for systemic bacteremia (ex. wound, infections, dental/surgical procedure).

REFERRING VET

Dr. Haynes

Following surgery, consideration can be given to starting Augie on atenolol (25 mg BID), as this



medication may potentially help to reduce his risk for the development of clinical signs and/or an arrhythmia.

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A recheck echocardiogram is recommended in 9-12 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

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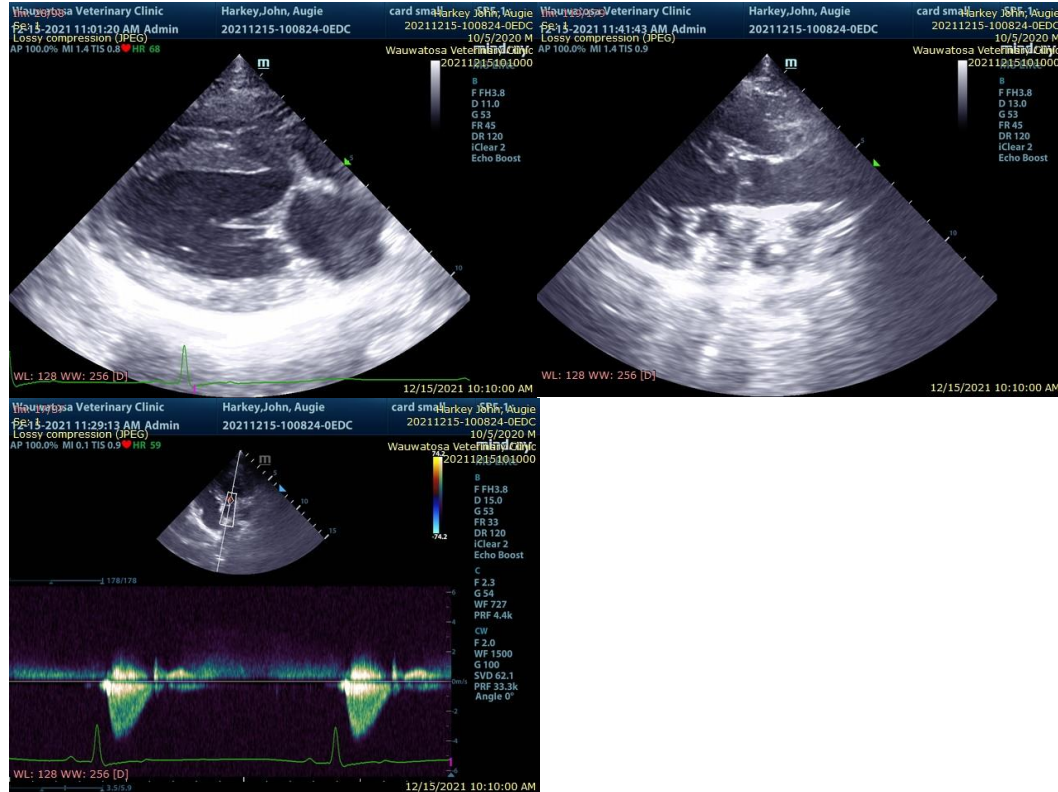
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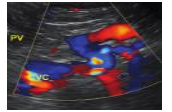
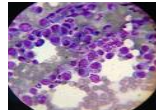
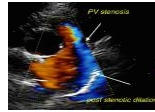
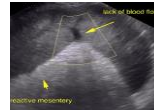
Dr. Haynes



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)
KeithBlass@gmail.com
631-804-5754



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