



PATIENT

Bambino Gummo

SPECIES

Canine

BREED

Bull Mastiff

SEX

Female

AGE

1 year

WEIGHT

139lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Alex McFeely,
DVM

HOSPITAL NAME

Straley Veterinary
Associates

REFERRING VET

Dr. McFeely

INVOICE

22594

DATE

2/16/22

PRESENTING CLINICAL SIGNS

History: Diagnosed with PS as a puppy and has had an intermittent cough and IV/VI intensity cardiac murmur. Assess prior to anesthesia. BP: 145/75 (102) to 150/74 (104)mmHg.

-Sedation: 3mg butorphanol.

-Chest radiographs: VHS of 9.5 and appeared to be normal.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The LV wall thickness is normal. The tricuspid valve appears normal in form and function. No right atrial dilation. Mild right heart prominence. Max velocity through the pulmonic valve is not visualized; however, flow appears turbulent on color flow. The PV is difficult to visualize; mildly thickening with minimal post-stenotic dilation is suspected. Trace pulmonic insufficiency. The aortic valve appears to have normal morphology and mobility. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	NA	NM		44	80	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg: 2D and m-mode short axis (cm)	LVIDs Avg: 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	NM	NM	63.0		4.0	2.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

What is seen here suggests a hemodynamically insignificant pulmonic stenosis, based upon the history and lack of right heart compensatory changes. Imaging is limited by patient size, making definitive evaluation difficult. Elevated flow velocity through the pulmonic valve is suspected as was previously diagnosed; however, max velocity cannot be determined. Most importantly the right heart is NOT significantly enlarged or hypertrophied, which suggests a well compensated issue. No tricuspid regurgitation or other issues are noted.



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Mild PS cases typically do not impact a patient clinically, and most are able to live a normal life free of complications. That being said, risk for progression to clinical signs will always remain and periodic monitoring is advised.

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Based upon what is seen here, I would not recommend surgical intervention in this case. Medical management with atenolol is often recommended in moderate or severe cases, with mild often not requiring therapy. Given that this case is free of symptoms and appears mild in severity, it is reasonable to simply monitor going forward rather than instituting lifelong medications. Referral to a local cardiologist should be considered to discuss advanced imaging and potential medical and surgical options if the client is interested.

BREED

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SEX

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Breeding this animal is not advised due to the genetic link of this disease.

AGE

1 year

Based upon what is seen here, anesthetic risk is considered mildly elevated. **Avoid heart rate stimulating drugs such as atropine or glycopyrrolate.** Avoid excessive vasodilation/hypotension. Pre-oxygenate for 5-10 minutes prior to induction. A reasonable protocol would be as follows: premedicate with opioid/benzodiazepine, propofol or alfaxalone induction, isoflurane maintenance. Monitor ECG, BP as is standard. Monitor for hypoxia in recovery; utilize O2 chamber if needed. Mild IV fluid restriction is advised.

WEIGHT

139lbs

Monitor for development of associated clinical signs (exertional collapse, abdominal distention, cough, labored breathing). Omega fatty acid supplementation may have some long-term benefit, given that these cases are predisposed to development of arrhythmias going forward. Breeding is not advised as this condition is genetically linked.

INTERPRETED BY

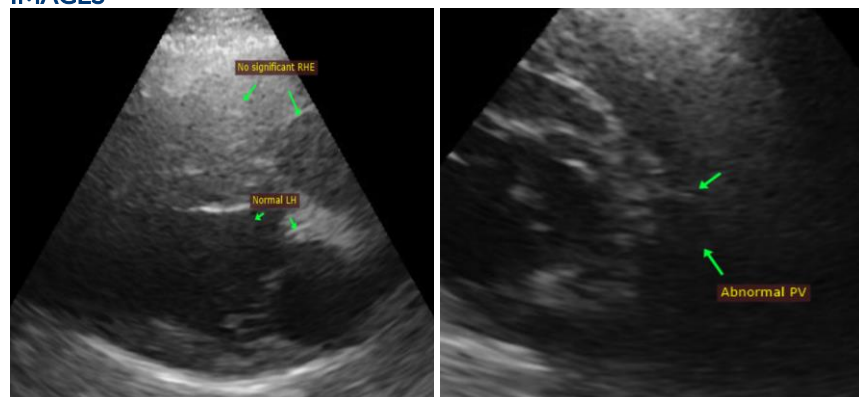
Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Plan: Consider referral for advanced imaging to confirm the diagnosis in this giant breed dog. If declined, recommend recheck echocardiogram in 12 months to assess for progression, sooner if clinical signs arise in the interim.

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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.

Thank you for this referral. This report was generated using transcription software, and minor



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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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info@sonopath.com

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