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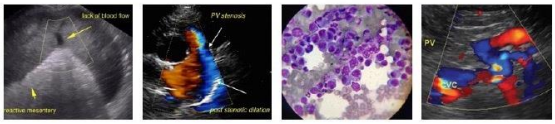


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Poppa Chops Gallant

SPECIES
Canine

BREED
Mastiff

SEX
Male Intact

AGE
19 months

WEIGHT
176.4lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Kelly Reschny, RVT

HOSPITAL NAME
Graham Animal Hospital

REFERRING VET
Dr. Malatestinic

INVOICE
22365

DATE
2/4/22

PRESENTING CLINICAL SIGNS

History: New patient seen for a chronic right eye issue (injured as a neonate and has chronic mildly elevated intra-ocular pressure and keratitis). Potential breeding animal/stud dog. Grade 2/6 systolic Left sided. BP: 158/101 MAP 113mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic valve is normal in morphology and mobility. No significant aortic valve abnormalities. Normal pulmonic and elevated aortic outflow velocities. No obvious pulmonic and trace aortic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

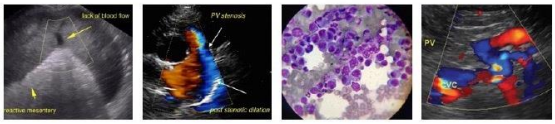
CARDIAC CHART

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	1.0	1.0	36	70	0.47
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	114	2.7	1.4	80.0	2.9	5.0	3.2
*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)
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*				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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is increased flow velocity through the aortic valve. The aortic valve is not significantly abnormal and this likely reflects a benign flow abnormality. There is also a trace aortic leak which is slightly concerning. No obvious subaortic ridge is visualized. It is reasonable to monitor periodically via recheck echocardiography in the future; however, this is likely a benign issue for this animal. No significant valvular insufficiencies were noted, and no additional structural issues identified.



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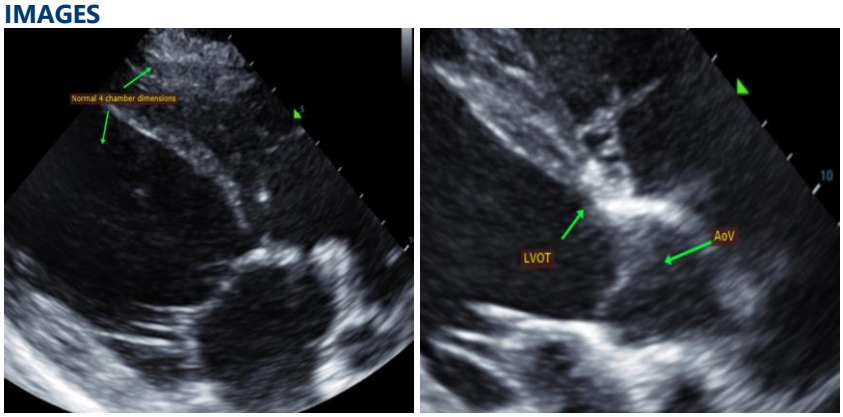
Although this degree of disease is unlikely to impact lifespan or quality of life, an aortic velocity >2.2m/s is considered a contraindication for breeding, as this may reflect a subclinical form of stenosis. While what is seen here certainly should not affect this particular animal, if planning to breed I would strongly **recommend an official OFA screening by a local Cardiologist prior to doing so.**

No cardiac medications are indicated. No cardiac contraindication for general anesthesia.

Monitor for any development of progressive cough, labored breathing or exercise intolerance.

Recommend recheck echocardiogram in 12-18 months to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com