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Clinical Sonography & Telecytology
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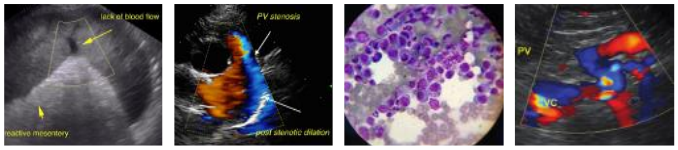

PATIENT
Haze Schwartz

SPECIES
Canine

BREED
Newfoundland

SEX
Male

AGE
11 months

WEIGHT
90lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway Animal Hospital

REFERRING VET
Dr. Maniar

INVOICE
29640

DATE
3/16/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Increased ALP/ALT. Possible thrombocytopenia. Doing well.
-Pertinent previous echo findings (7/2022 EL): AV max: 2.4m/s, possible TVD with trivial TR. SAS/AS not ruled out. Reassessed the following week: AV max: 3.6m/s, subvalvular narrowing with AI.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve leaflet are with trivial MR. No left atrial dilation. Normal LV diameter with adequate myocardial function. No LV hypertrophy. The tricuspid valve appears mildly abnormal with mild tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic outflow velocity with laminar flow. Trace PI. Mild narrowing of the LVOT causing a mildly elevated LVOT velocity. Trace/mild AI. 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	1.3	26	51	0.3
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	180	3.6	1.1	40.8	4.0	4.5	3.4
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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

Sub-aortic stenosis persists with evidence of mild progression. The velocity through the region suggests a mild to moderate stenosis, which was previously mild. This is not surprising given that congenital outflow tract abnormalities can worsen up to 1 year of age. The LV appears normal without evidence of significant pressure overload. A small aortic insufficiency is seen, which is hemodynamically insignificant at this time. Additionally, the TV appears mildly dysplastic with a mild tricuspid regurgitation. This also appears hemodynamically insignificant. The LA and RA are both normal, indicating relatively low risk for complication at this time. No obvious additional issues are visualized.

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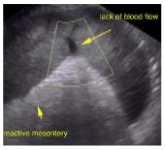
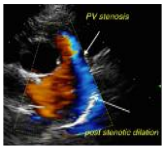
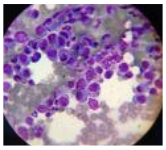
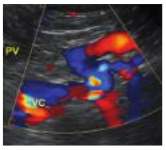

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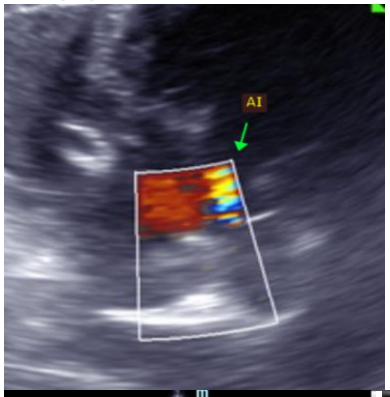
From a cardiac standpoint, monitor for development of labored breathing, exercise intolerance or collapse episodes, as SAS patients are more predisposed to development of arrhythmias than to CHF. No cardiac medications are indicated, as most patients with mild to moderate SAS will live a normal life free of complications and prognosis is good. Should the stenosis worsen over the next 6 months, Atenolol may be considered. Serial monitoring is advised lifelong, particularly to screen for development of disease the preexisting murmur may mask.

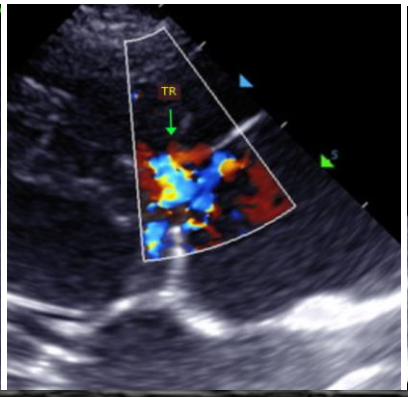
Due to the genetic link of this condition, breeding this animal is not advised.

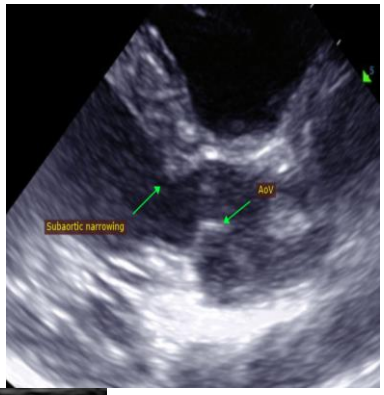
Anesthetic risk is low. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Recommend prophylactic antibiotics for any orthopedic or dental procedure in the future given slight predisposition to endocarditis. Monitor ECG both intra and post-operatively closely, given a predisposition to ventricular ectopy.

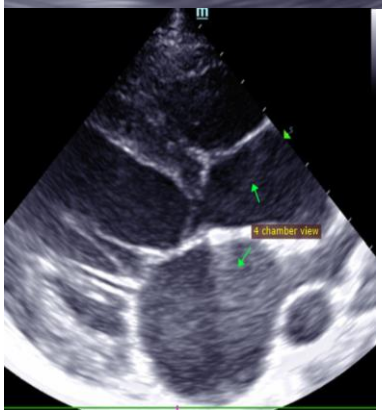
A recheck echocardiogram is recommended in 6 months to screen for progression. After that, if no progression is seen, annual monitoring is advised.

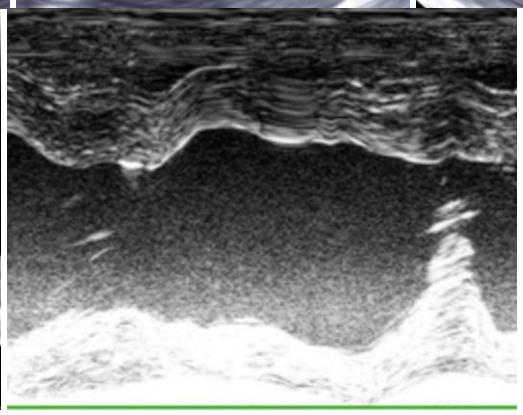
IMAGES











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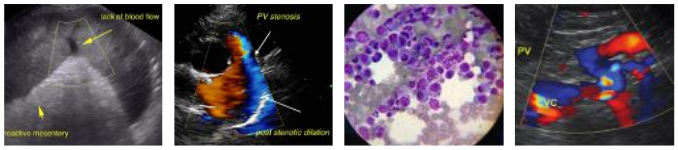

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. 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