



PRESENTING CLINICAL SIGNS

History: Grade 2/6 murmur first heard as a young puppy. Pre-anesthetic evaluation (OHE).

DATE

3/16/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

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. Left ventricular systolic function is normal. The left ventricular outflow tract, aorta, and aortic valve appear normal, though there is increased flow velocity in this region. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic appear normal, though trivial pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

LA – 33.7 mm
IVSd – 9.7 mm
LVPWd – 9.2 mm
LVIDd – 31.7 mm
LVIDs – 20.5 mm
FS – 35%
RA – 23.3 mm
LVOT – 3.23 m/s
RVOT – 1.96 m/s

PATIENT

Hela Morgan-Archer

SPECIES

Canine

BREED

American Bully

SEX

FI

AGE

9 mo

WEIGHT

28 lb

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Pontenzone

ASSESSMENT/RECOMMENDATIONS

Hela's murmur appears to be due to the presence of increased flow velocity in her left ventricular outflow tract/aorta. While no lesions are seen in this region via 2D imaging, the velocity is consistent with the presence of mild subaortic stenosis (SAS). As Hela is already 9 months old, it's unlikely that her stenosis will significantly progress until she is fully grown, though careful monitoring is recommended. If Hela's stenosis remains mild, it's likely that she will tolerate her disease well in the absence of clinical signs, though if progression does occur, Hela could potentially become at risk for the development of exercise intolerance, syncope, and/or arrhythmia formation.

No therapy is recommended at this stage of disease.

Hela's cardiovascular risk for general anesthesia is minimally increased based on this exam, though I still recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol as a precaution. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure. As SAS is associated in an increased risk for the development of aortic valve endocarditis, perioperative antibiotic therapy is recommended.

A recheck echocardiogram is recommended in 6 months.



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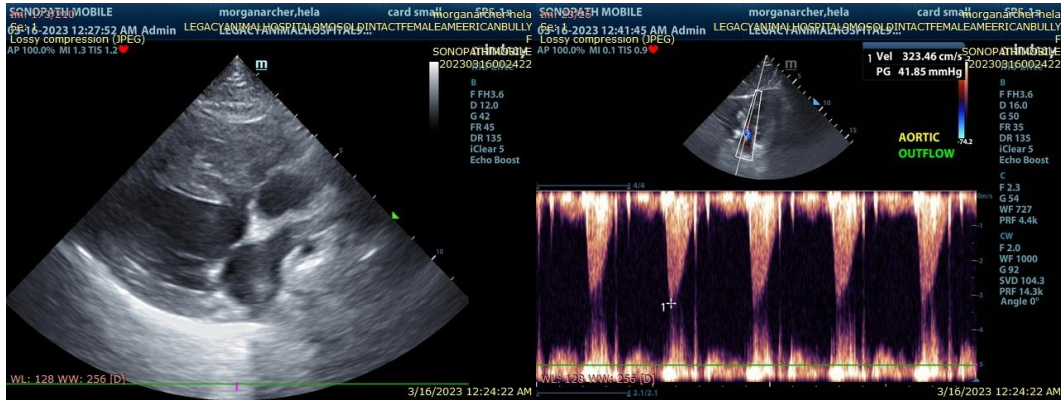
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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