



PATIENT

Drax Habernern

SPECIES

Canine

BREED

Keeshond

SEX

Male Intact

AGE

2 years

WEIGHT

29lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History severe valvular pulmonic stenosis. Current presentation: Drax has been doing well with the exception of anxiety and urinating when stressed. On auscultation: NSR, grade III/VI murmur with PMI at base, PSS, lung fields clear. BP: 120-130mmHg.

-Current medications: Atenolol 25 mg, 1/2 tab daily.

-Pertinent previous echo findings (9/22/20 MML): LA 2.4 cm; LA:Ao 1.3; LV 3.0 cm; PV Vmax 4.5 m/s; RVE/RAE, thickened, tethered pulmonary valve. *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate function. LV wall thicknesses are normal.

Left atrium: The left atrium is borderline in dimension.

Mitral valve: The mitral valve appears normal with no prolapse. Trivial mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: The RV is dilated with significant hypertrophy and remodeling.

Right atrium: Mild RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened. No obvious stenosis. Trivial tricuspid regurgitation. Elevated velocity.

Pulmonic valve/Pulmonary artery: Pulmonic outflow velocities are elevated at the level of the valve. Max PG: 80mmHg. The pulmonic valve appears thickened and tethered. No pulmonic insufficiency.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.1
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.75
LVID diastole (cm)	3.0
PW thickness (cm)	0.88
LVID systole (cm)	1.9
FS (%)	37

Doppler Measurements

PV Vmax (m/s)	4.5
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	
TR Vmax (m/s)	3.7
TR PG (mmHg)	56

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Valvular PS persists unchanged. While some variability is seen in the velocity through the abnormal valve, the overall impression is similar to previous. The right heart is mildly enlarged, and no additional issues are identified.

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

Referral remains recommended lifelong; however, it is encouraging this patient is doing well and has reached full stature. Prognosis remains guarded long-term. With some PS cases developing CHF by mid-life and others living symptom free.

INVOICE

22982

Continue Atenolol as previously recommended.

Breeding remains contraindicated.

DATE

3/8/22



PATIENT

Drax Haberern

SPECIES

Canine

BREED

Keeshond

SEX

Male Intact

AGE

2 years

WEIGHT

29lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22982

DATE

3/8/22

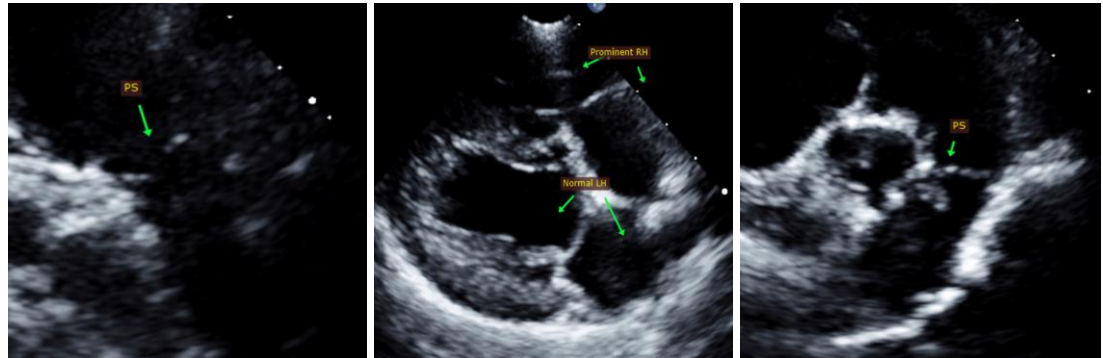
RECOMMENDATIONS

- Recommend referral as discussed.
- Continue Atenolol as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderately elevated if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. **Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.**
- Monitor for development of labored breathing, progressive cough, exertional collapse episodes, abdominal distention or exercise intolerance in the future.
- Lifelong activity restriction is advised while maintaining QOL.

PLAN

- Recommend recheck echocardiogram annually to screen for progression, sooner if any development of clinical signs.

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

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)