



PRESENTING CLINICAL SIGNS

History: Grade 4/6 murmur ausculted last month. Was previously receiving a grain-free diet, but was recently switched to a grain-based one. Has been lethargic lately.

DATE

5/13/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Jenna Walsh, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular wall thickness is normal. There is mild left ventricular dilation. 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, consistent with the presence of mild to moderate subaortic stenosis. Trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Millie Trout

SPECIES

Canine

LA - 40.4 mm
IVSd - 9.4 mm
LVPWd - 8.9 mm
LVIDd - 48.1 mm
LVIDs - 29.0 mm
FS - 39.7%
RA - 31.0 mm
LVOT - 3.53 m/s
RVOT - 1.37 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG was submitted for review.

BREED

Boxer Mix

HR: 115 bpm
Rhythm: Sinus

SEX

FS

Normal sinus rhythm is present throughout this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

AGE

6 y

WEIGHT

66.8 lb

This examination demonstrates mild regurgitation of blood across Millie's mitral valve resulting from degenerative valve disease, as well as increased flow velocity in her left ventricular outflow tract aorta. While no lesions are visualized in this region, the velocity is consistent with the presence of mild to moderate subaortic stenosis (SAS), though I can't definitively rule out the presence of a functional/innocent velocity increase if Millie has not had a murmur for the past few years. In any case, the hemodynamic effects of these abnormalities appear to be relatively mild, as Millie has only mild dilation of her left ventricle, while her left ventricular wall thickness is normal, as is her left atrial size. Given this, Millie's cardiac function appears to be well-compensated, and it's unlikely that her recent lethargy is cardiogenic in origin, though an ECG may be warranted to screen for an arrhythmia as a possible cause of her lethargy.

HOSPITAL NAME

West Hills AH

No abnormalities are appreciated in Millie's ECG.

REFERRING VET

Dr. Cole

No therapy appears to be warranted based on this exam. Given the possible presence of subaortic stenosis, prophylactic antibiotic therapy is recommended any time there is a risk for systemic



bacteremia (ex. wound, surgery, infection), as SAS is associated with an increased risk for the development of aortic valve endocarditis.

DATE

5/13/22

A recheck echocardiogram is recommended in ~6 months to monitor for disease progression, sooner if new clinical signs compatible with cardiac dysfunction develop.

PERFORMED BY:

Jenna Walsh, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Millie Trout

SPECIES

Canine

BREED

Boxer Mix

SEX

FS

AGE

6 y

WEIGHT

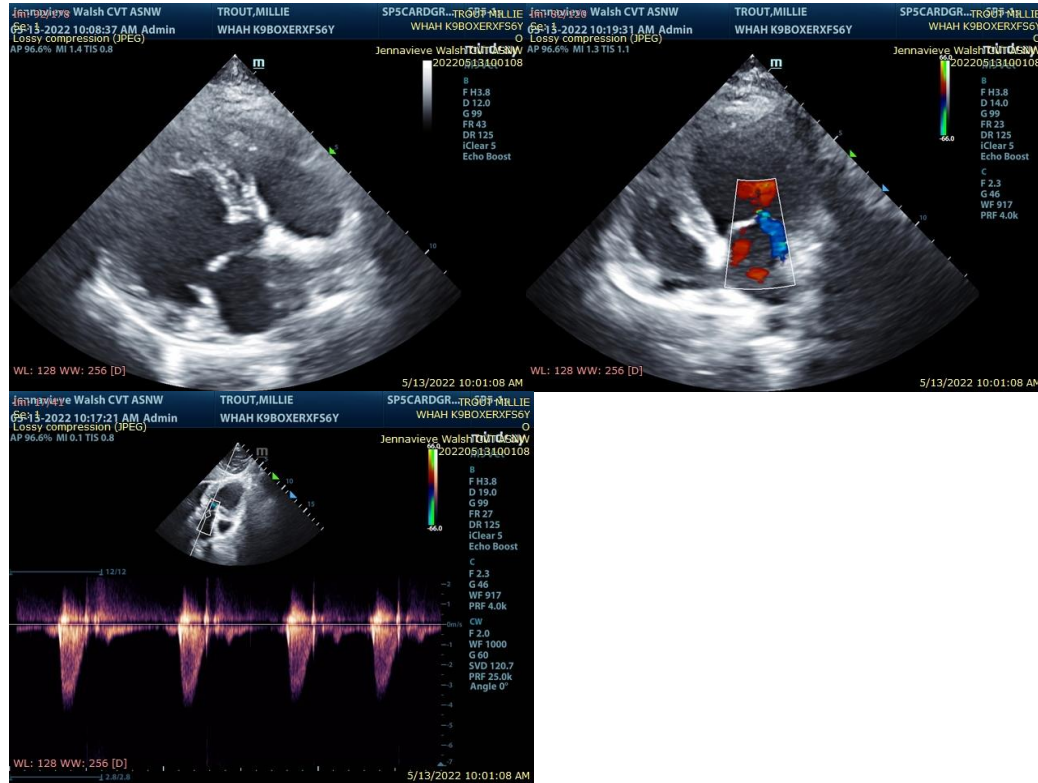
66.8 lb

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Cole



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)
KeithBlass@gmail.com
631-804-5754