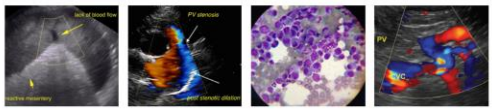
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Allie Destefano

SPECIES
Canine

BREED
Golden Retriever

SEX
Female Intact

AGE
1 year

WEIGHT
78lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Firehouse Veterinary Clinic

REFERRING VET
Dr. Fleming

INVOICE
24215

DATE
5/16/22

PRESENTING CLINICAL SIGNS

History: Persistent grade III/VI systolic murmur; no clinical signs. Echocardiogram prior to anesthesia for OHE. BP: 110mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with borderline myocardial function. LV wall thicknesses are minimally increased.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. No mitral regurgitation.
Aortic valve/Aorta: The aortic valve appears trileaflet with normal mobility. Mildly elevated aortic outflow velocity (max PG 25mmHg). A sub-aortic ridge can be seen at the level of the LVOT. Trace aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	2.6
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.2
LVID diastole (cm)	4.1
PW thickness (cm)	1.2
LVID systole (cm)	3.1
FS (%)	24

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	2.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The cause of the murmur is mild subaortic stenosis (SAS) causing an elevated blood flow velocity through the LVOT and aortic valve. The peak gradient seen here is consistent with a mild abnormality (25mmHg) and the LV appears largely normal with minimal evidence of pressure overload. Trace AI is noted which should be monitored going forward. It is worth mentioning that the systolic function is considered borderline for this signalment. Avoid nontraditional diets lifelong in this patient. No additional issues are identified in this study.

Typically, the prognosis with mild SAS is good, with most dogs able to live a normal lifespan free of complication. Serial echocardiography is recommended lifelong to continue assessment for progression and risk for complication. Prognosis is open long term.

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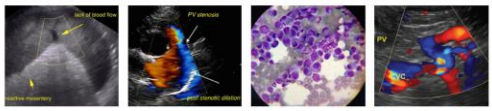

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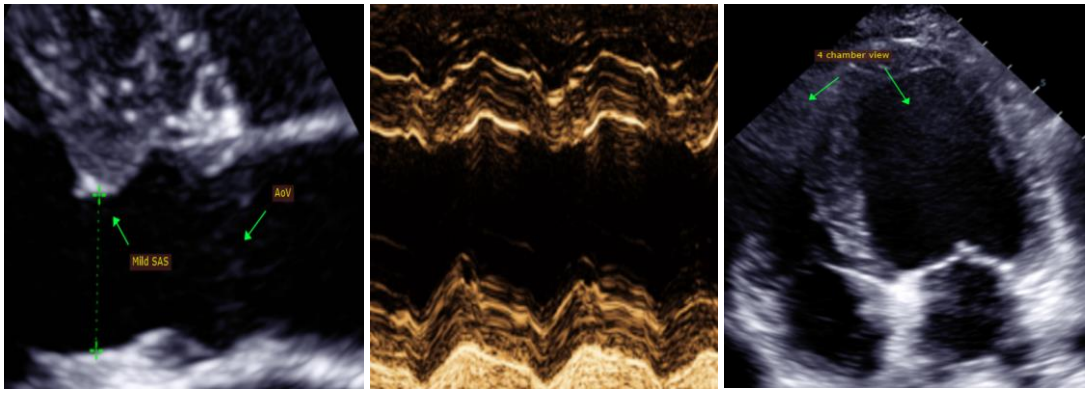
RECOMMENDATIONS

- In an asymptomatic dog with only mild stenosis, no cardiac medications are clearly indicated.
- Avoid nontraditional diets lifelong.
- Monitor for development of labored breathing, exercise intolerance or collapse episodes, as SAS patients are more predisposed to development of arrhythmias than to CHF.
- Mild exercise restriction is advised lifelong.
- Omega fatty acid supplementation (1000mg 1-2x daily) may be of some long-term benefit for dogs predisposed to arrhythmias.
- If needed, anesthetic risk is mildly elevated. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Avoid ketamine and acepromazine due to peripheral vascular effects. Mild IV fluid restriction is advised. Recommend prophylactic antibiotics prior to and during any orthopedic or dental procedure in the future given predisposition to endocarditis.

PLAN

- Recommend recheck echocardiogram in 1 year to screen for progression, sooner if any clinical signs arise.

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
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