



PATIENT

Chunky Valle

SPECIES

Canine

BREED

English Bulldog

SEX

Male Neutered

AGE

8 years

WEIGHT

75.55lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24632

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: Chunky was noted to have a heart murmur since he was a puppy that has reportedly become louder. No exercise intolerance or collapse episodes. Good appetite and normal activity level. On exam today: NSR, grade IV/VI murmur with PMI at base, PSS, lung fields clear. BP: 130mmHg x 5. *Sedated with propofol 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 normal.

Mitral valve: The mitral valve appears normal with no 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 prominent with mild RV hypertrophy. A dynamic obstruction is noted through the RVOT secondary to RVH.

Right atrium: Mild RA prominence.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: Pulmonic outflow velocities are mildly elevated at the level of the valve. The max velocity is consistent with a mild stenosis, which is suspected to be an under-estimation (PG: 36mmHg). The pulmonic valve appears mildly thickened. Mild pulmonic insufficiency. Mild post-stenotic dilation of the MPA and branches.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses; however, an atypical hypoechoic lesion is noted adjacent to the aortic root (1.7x1.4cm).

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm. Single VPC.

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.2
LVID diastole (cm)	3.3
PW thickness (cm)	1.2
LVID systole (cm)	2.0
FS (%)	39

Doppler Measurements

PV Vmax (m/s)	3.3
AoV Vmax (m/s)	0.81
MR Vmax (m/s)	
TR Vmax (m/s)	
TR PG (mmHg)	

INTERPRETATION OF THE FINDINGS

The cause of the murmur is valvular pulmonic stenosis. The degree of obstruction is mild based upon the velocity across the valve; however, mild RVH may suggest a slight underestimation due to sedation. A dynamic RVOT obstruction is also noted secondary to mild RVH, which likely contributes to murmur intensity. Finally, an atypical hypoechoic lesion is noted adjacent to the aortic root. This may be as simple as normal soft tissue; however, there is some concern given the breed, that a small chemodectoma may be forming. Follow up is advised to screen for progression and clinical significance.

Mild to moderate PS cases fall within a grey zone. There are many patients that will not experience clinical signs (syncope, right-sided congestive heart failure) throughout their lifetime; however, risk for progression to clinical signs will always remain. In an 8-year-old asymptomatic dog, this is likely of little clinical significance; however, follow up is advised. No obvious indication of Atenolol therapy at this time.



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Occasional premature beats are noted throughout the study and an ECG evaluation may be beneficial.

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Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised. Omega fatty acid supplementation may have some long-term benefit, given these cases are predisposed to development of arrhythmias going forward.

BREED
English Bulldog

RECOMMENDATIONS

- No medications are indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is mild to mild at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary. Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible.
- Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.
- Mild activity restriction is advised.

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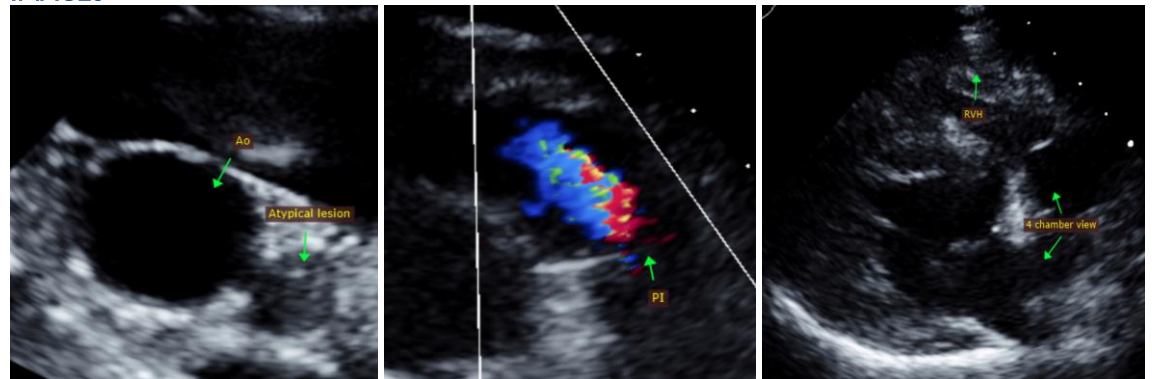
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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IMAGES



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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.

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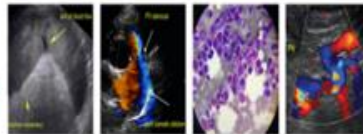
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Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

DATE

6/7/22

Maggie Machen Lamy, DVM
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info@sonopath.com



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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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