


PRESENTING CLINICAL SIGNS

History: Grade 4/6 murmur..

DATE

8/2/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve is normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. There is a possible bicuspid aortic valve present, and there is turbulent flow across the valve, the velocity of which is consistent with the presence of moderate to severe aortic stenosis (PG 98.8 mmHg). Mild aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Bruno Booth

LA – 20.8 mm
 IVSd – 6.1 mm
 LVPWd – 5.6 mm
 LVIDd – 19.7 mm
 LVIDs – 12.0 mm
 FS – 39%
 RA – 16.4 mm
 LVOT – 4.97 m/s
 RVOT – 0.69 m/s

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 104 bpm

Rhythm: Sinus arrhythmia

BREED

French Bulldog

Sinus arrhythmia is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

RADIOGRAPHIC FINDINGS
SEX

Three-view thoracic radiographs are submitted for review.

MI

The cardiac silhouette is normal in size, with no specific chamber enlargement present. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

AGE

5 mo

ASSESSMENT/RECOMMENDATIONS
WEIGHT

15 lb

Bruno's echocardiogram demonstrates turbulent flow across his aortic valve, consistent with the presence of valvular stenosis, and it's possible that the stenosis could be due to the presence of a bicuspid valve. The velocity of flow across Bruno's aortic valve is consistent with the presence of moderate to severe stenosis, though Bruno does have secondary hypertrophy of his left ventricular or dilation of his left atrium at this point. Dogs with this degree of stenosis are at risk for the development of clinical signs, such as exercise intolerance and syncope, as well as arrhythmias that could potentially result in sudden death, therefore, careful monitoring for the development of signs is recommended.

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Juleen

Consideration can be given to referral to a cardiologist to determine whether Bruno's stenosis would be a good candidate for balloon valvuloplasty, as this procedure, if successful, could



potentially permanently reduce the severity of his stenosis. In the meantime, I recommend starting Bruno on atenolol (~1 mg/kg BID), as this medication should help to reduce his myocardial oxygen demand and will hopefully reduce his risk for the development of clinical signs and/or an arrhythmia. Avoidance of high intensity exercise is recommended.

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A recheck recommended in 6-9 months.

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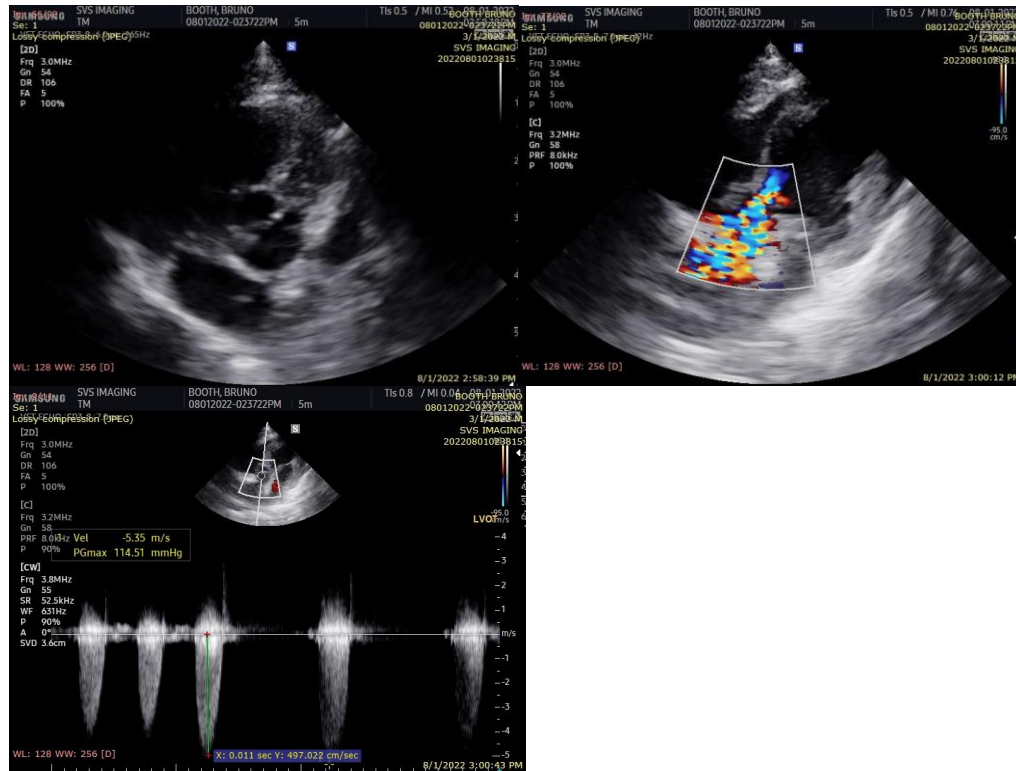
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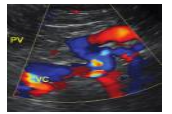
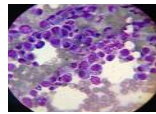
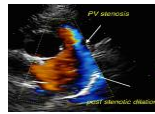
Dr. Juleen



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



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