

PATIENT

Leo Atton

SPECIES

Canine

BREED

Samoyed

SEX

Male Neutered

AGE

1 year 4 months

WEIGHT

54lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Poor

INVOICE

20404

DATE

8/5/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Diagnosed with mild subaortic stenosis at 8 months old. Currently, doing well with no clinical signs. No medications. Grade IV/VI systolic murmur. BP: 145mmHg. -Pertinent previous echo findings: LA .24 cm; LA:Ao 1.10; IVS 0.76 cm; PW 0.86 cm; LVd 3.35 cm; LVOT Vmax 3.44 m/s (PG: 47mmHg).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate 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. Elevated aortic outflow velocity (max PG 50mmHg). A sub-aortic narrowing can be seen at the level of the LVOT. Mild 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

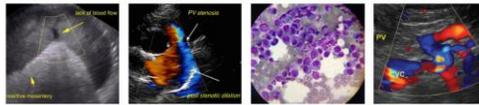
Ao diam (cm)	2.3
LA diam (cm)	2.6
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.85
LVID diastole (cm)	3.5
PW thickness (cm)	0.93
LVID systole (cm)	2.1
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	1.4
AoV Vmax (m/s)	3.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Subaortic stenosis (SAS) persists with an elevated blood flow velocity through the LVOT and aortic valve. The peak gradient seen here is consistent with a borderline moderate abnormality (50mmHg) which is increased slightly compared to the prior study. This is likely heart rate dependent rather than true progression, as there is no evidence of chronic pressure overload to the left heart. A small aortic leak is noted which is common with this defect. No additional issues are identified in this study.



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Typically, the prognosis with moderate SAS is relatively good yet variable even without medications; however, if any change to the LV is noted going forward Atenolol may be indicated. Given that this dog has reached one year of age without significant LVH or clinical signs, I would not utilize this medication at this time. Serial echocardiography is recommended lifelong to continue assessment for progression and need for medications. Prognosis is guarded long term.

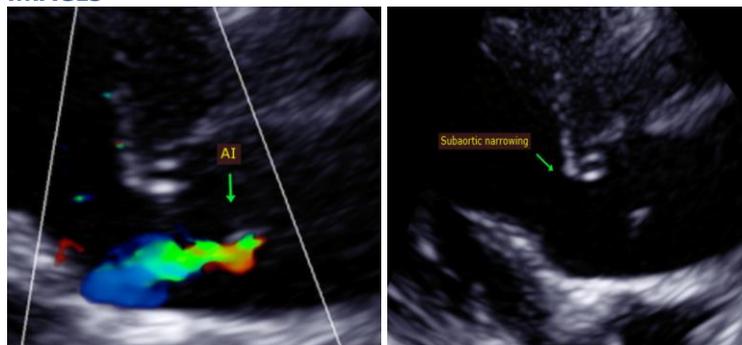
RECOMMENDATIONS

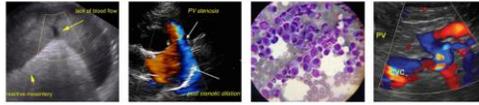
- In an asymptomatic dog without LV remodeling, no cardiac medications are clearly indicated.
- Monitor for development of labored breathing, exercise intolerance or collapse episodes, as SAS patients are more predisposed to development of arrhythmias than to CHF.
- Mild exercise restriction is advised 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





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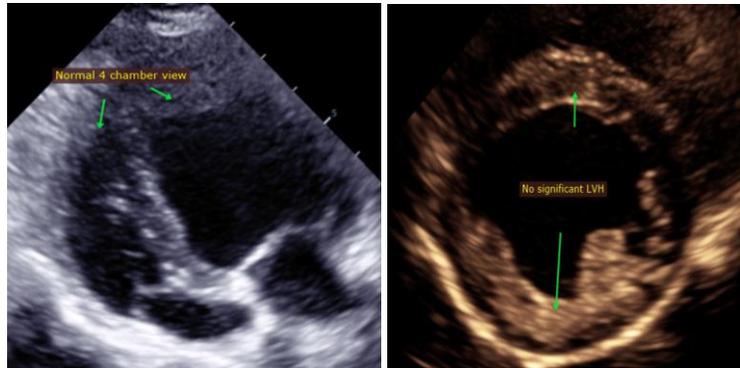
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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