


PRESENTING CLINICAL SIGNS

DATE History: Recheck SAS. Grade III/VI murmur. Did have a slow recovery from anesthesia 6 months ago. No current medications.

9/19/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 5/25/21.

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve appears normal, though a mild to moderate jet of central mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal, as is left ventricular systolic function. There is a very small ridge of fibrous tissue on the interventricular septal side of the left ventricular outflow tract. There is mildly increased flow velocity originating in the outflow tract, the velocity of which is consistent with the presence of very mild subaortic stenosis (PG 39.7 mmHg). The aorta and aortic valve appear normal, though trace 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

Booker Hall

LA - 37.7 mm (prev. 38.4 mm)
IVSd - 8.0 mm (prev. 7.3 mm)
LVPWd - 8.5 mm (prev. 7.5 mm)
LVIDd - 36.1 mm (prev. 37.7 mm)
LVIDs - 24.7 mm (prev. 22.0 mm)
FS - 31.6% (prev. 41.6%)
LVOT - 2.86 m/s (prev. 3.15 m/s)
RVOT - 1.26 m/s (prev. 1.30 m/s)

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Subaortic stenosis (SAS)

BREED

Boxer

This examination again demonstrates mildly increased flow velocity in Booker's left ventricular outflow tract, consistent with the presence of very mild stenosis. The hemodynamic effects of the stenosis also still appear to be mild, and Booker's current risk for the development of clinical signs secondary to it, such as exercise intolerance and syncope, still appears to be low.

SEX

MN

Perioperative antibiotic use is recommended, as SAS increases the risk for the development of aortic valve endocarditis in dogs.

AGE

2 y

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 12 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

WEIGHT

61 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart





DATE

9/19/22

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.

PERFORMED BY:

Dr. Meredith Swart

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.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

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Booker Hall

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