



RESENTING CLINICAL SIGNS

History: Grade III/VI murmur. Pre-breeding evaluation.

DATE

9/27/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Sophia Manganiello

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. The left ventricular outflow tract, aorta, and aortic valve appear normal, though there is mildly increased flow velocity in this region, as well as trace aortic insufficiency. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 41.0 mm
IVSd - 9.8 mm
LVPWd - 9.7 mm
LVIDd - 39.4 mm
LVIDs - 24.2 mm
FS - 38.6%
RA - 30.4 mm
LVOT - 2.99 m/s
RVOT - 1.71 m/s

SPECIES

Canine

BREED

Cane Corso

SEX

F

AGE

2 y

WEIGHT

80 lb

HOSPITAL NAME

Blairstown AH

REFERRING VET

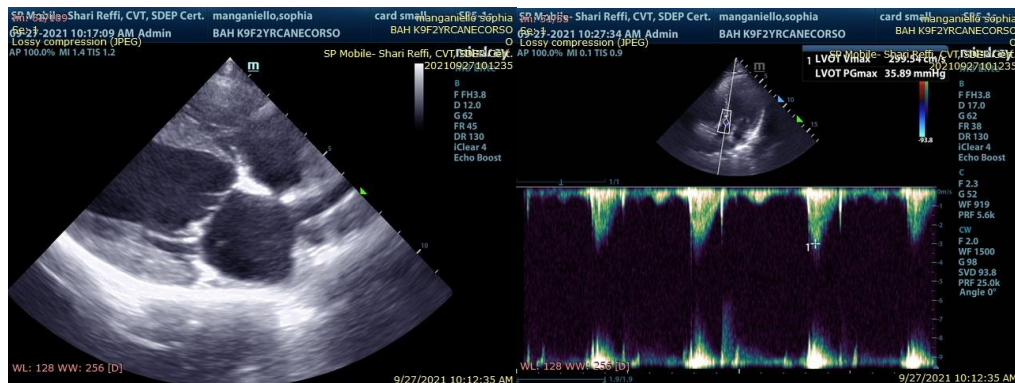
Dr. Summers

ASSESSMENT/RECOMMENDATIONS

This examination is equivocal for the presence of cardiac disease, as Sophia has mildly increased flow velocity in her left ventricular outflow tract/aorta. It's possible that this could represent a functional/innocent increase in flow velocity, however, given that the velocity is above 2.5 m/s, the presence of mild subaortic stenosis (SAS) cannot be ruled out, despite no 2D evidence of the disease being seen in the image set. If SAS is present, the hemodynamic effects of the disease would be negligible, however, its possible presence complicates the decision to breed Sophia, as SAS, even if very mild, is a heritable disease.

No therapy is recommended based on this exam. Prophylactic antibiotic therapy is recommended any time there is a chance of systemic bacteremia developing, as SAS, if present, increases the risk for developing aortic valve endocarditis.

A recheck echocardiogram is recommended in 1 year to reevaluate the flow velocity in Sophia's left ventricular outflow tract/aorta.





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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.

PERFORMED BY:

Shari Reffi, CVT

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)

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