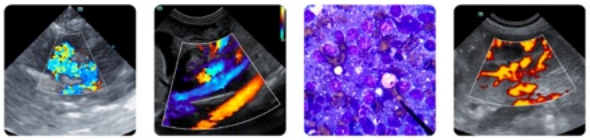

PATIENT

Trigger Whiskey Acres Animal Rescue and Sanctuary

SPECIES

Canine

BREED

Cane Corso

SEX

Male

AGE

2 years

WEIGHT

101 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

Dr. Holmes

INVOICE

69875

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Shelter dog with a grade 5/6 murmur, difficult to discern PMI but seems basilar. Opted to perform echo with us prior to neuter.
Abnormal PE/Chem/CBC/UA Results: Grade 5/6 basilar murmur.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension, based on 3 separate methods of evaluation. The left ventricle is normal in dimension as well as systolic function or contractility based on fractional shortening and systolic left ventricular dimensions. The right atrium and ventricle are enlarged, with adequate systolic function, and evidence of intraventricular septal flattening. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation, prolapse, or myxomatous changes noted. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity with no aortic insufficiency. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed a narrowed valve orifice with evidence of dysplasia, turbulent flow, an increased main pulmonary artery dimension, and moderate to severe pulmonic insufficiency. There is no visible pericardial, pleural, or free peritoneal fluid noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

CANINE CARDIAC PARAMETERS	Body Weight kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	45.9 kg	NM	4.12	4.11	1.22	3.29	1.88
CANINE CARDIAC PARAMETERS	**FS**	**EPSS**	**PV V MAX (m/s)**	**AV V Max (m/sec)**	**MR Vmax**	**TR Vmax**	**RPA distensibility (normal >30%)**
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	43	0.2	5.4	1.6	NM	NM	NM

ULTRASONOGRAPHIC FINDINGS

These findings are consistent severe pulmonic stenosis, which is a likely explanation for the murmur and enlarged right side.

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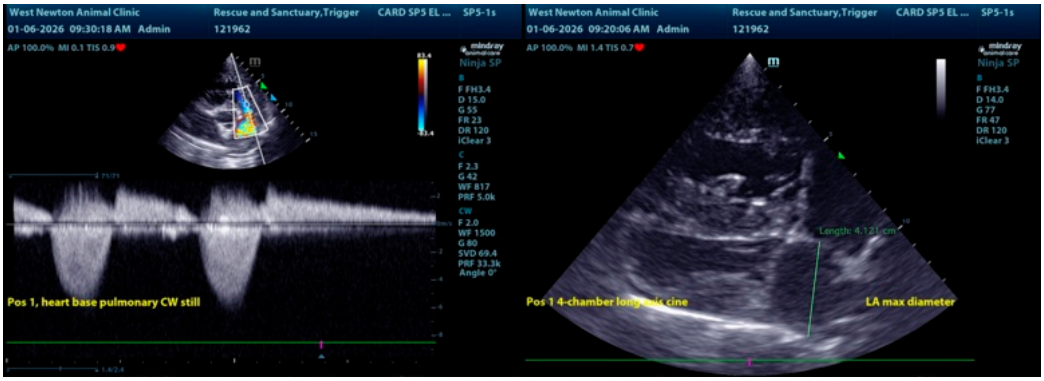
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

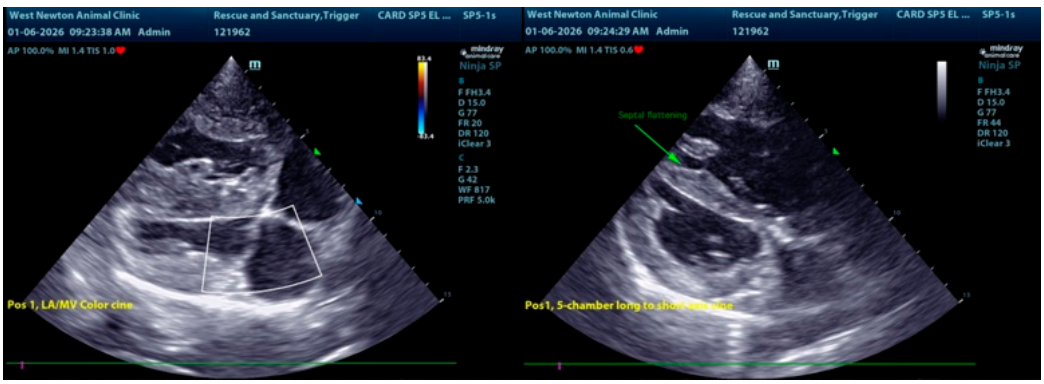
Cardiac therapy with atenolol (initial dose 1-2 mg/kg BID, higher doses may be needed especially as the patient grows) is recommended. Given the severity of disease, the merits of a balloon valvuloplasty should be discussed with the owner. If an intervention is being considered, a re-evaluation by a cardiologist would be appropriate. Otherwise, a repeat echo is recommended in another 6-12 months.

Anesthesia:
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Pre-medication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

Diet:
A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition is reasonable.

Activity:
Avoid overly strenuous activity.





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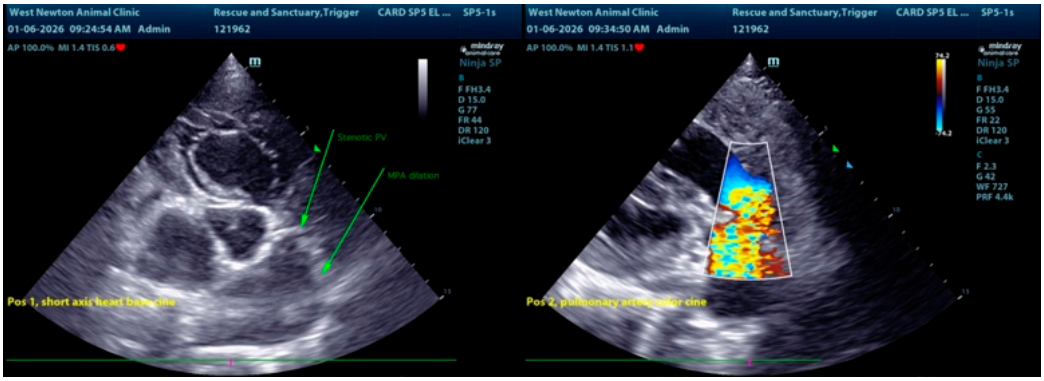

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com