

PATIENT

Jaxon Vano

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

5 Years 6 Months

WEIGHT

91 Pounds

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Aloha VH

REFERRING VET

Dr. Mori

INVOICE

36404

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- P previously had Echo in 2023 at Skyline- diagnosed with moderate subaortic stenosis and thickening of mitral valve leaflet, no meds started
- No clinical signs- owner does try to keep him a little calmer but no reports of coughing collapse etc.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (mm)
NORMAL PARAMETER		<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.26	46.15	78.12	3.8 mm
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	140	--	--	41.3	43.4 mm	3.93	2.11

MR PG Max: 33.13 mmHg, TR PG Max: 24.92 mmHg, PG Max: 6.48 mm/s, AV PG Max: maximum of 77 mmHg

Cardiac Presentation

Based off of the images provided, the mitral valve anterior leaflet is moderately thickened, there is mild mitral regurgitation. The left atrial size is within normal limits. The left ventricle has normal cavity size. Systolic and diastolic function appear normal. There is a hyperechoic ridge within the left ventricular outflow track. There is very mild concentric hypertrophy of the left ventricular walls. There's also fixed left ventricular outflow track obstruction suggestive of high moderate subaortic stenosis. The aortic valve is thickened. There is mild regurgitation. The right atrium has normal cavity size. The right ventricle has normal cavity size, and the systolic function is subjectively normal. Tricuspid valve is mildly thickened and no evidence of stenosis. There is very mild tricuspid regurgitation. The tricuspid valve is mildly thickened. The pulmonic valve is structurally normal, no evidence of stenosis or insufficiency. There is no evidence of pleural effusion, pericardial effusion, abdominal effusion, or intracardiac masses based off of the images provided.

ULTRASONOGRAPHIC FINDINGS

- The patient has subaortic stenosis that is considered to be moderate.



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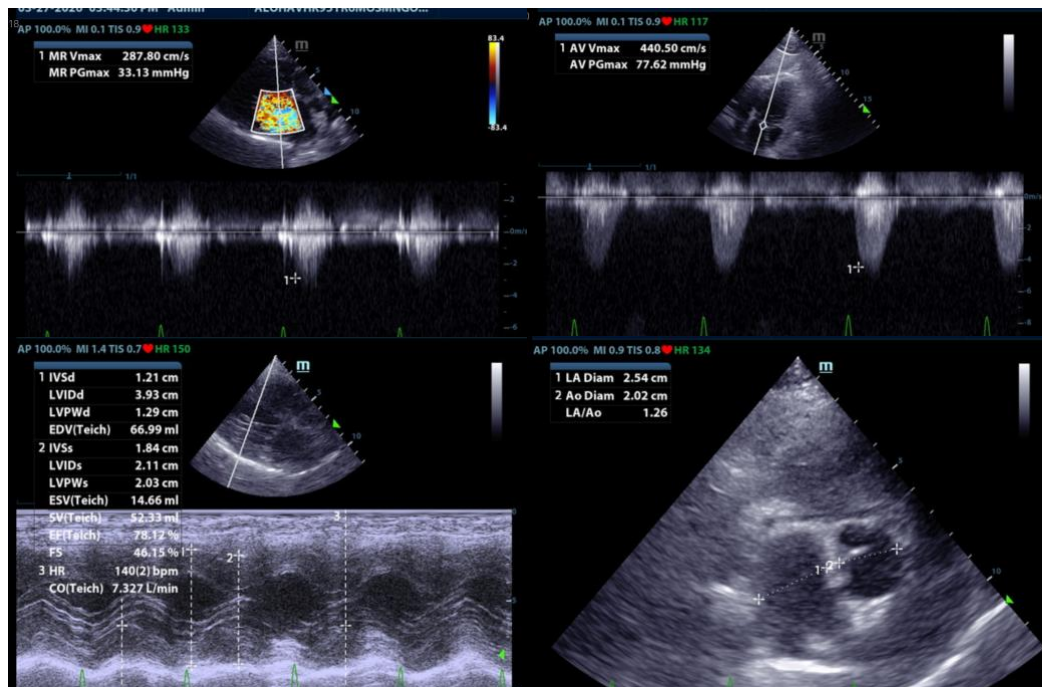
DATE

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- There is concentric hypertrophy that is mild in the left ventricular wall.
- There's mild aortic regurgitation.
- There is thickening of the mitral valve.
- There is mild thickening of the tricuspid valve.

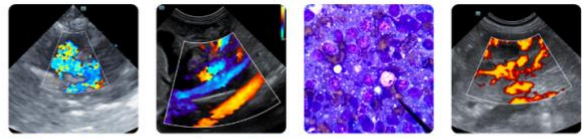
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are indicated at this time. I would allow the patient to act as the self-limiting factor for exercise. In terms of anesthesia, I would strongly recommend against the use of ketamine, dexmedetomidine, or a high dose acepromazine. Judicious use of IV fluids are recommended. Hypotension due to bradycardia can be fixed with glycopyrrolate or atropine. Patients with subaortic stenosis are at an increased risk of infective endocarditis of the aortic valve. I would strongly recommend treating any and all infections with antibiotics, as well as prophylactic antibiotics for any sort of anesthetic procedure. I would strongly recommend that this patient be re-evaluated with an echocardiogram every 9-12 months, or sooner if the patient develops abnormal exercise intolerance, increased resting respiratory rate and effort > 40 breaths per minute. If this happens, I would recommend thoracic radiographs.



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.



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