



PATIENT

Orion Maples

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

Neutered Male

AGE

2 Years

WEIGHT

56.1

PRESENTING CLINICAL SIGNS

History of pulmonic stenosis. follow up echo to determine if there is any progression

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 (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	--	47	80	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	--	1.7	5.7	56.1	2.5	3.15	--

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Bill McGee, DVM, DABVP

HOSPITAL NAME

Bridgeport Animal Hospital

REFERRING VET

Bill McGee, DVM, DABVP

INVOICE

72995

DATE

2/13/26

E-wave velocity = 0.8

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 separate methods of LA evaluation. The cranial and caudal mitral valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. The right ventricle appears subjectively increased in thickness with concentric hypertrophy owing to pressure overload in the right heart. Pulmonic valve was thickened with elevated velocity noted, similar to prior echocardiogram. Secondary tricuspid insufficiency noted with mild right atrial enlargement. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Severe pulmonic stenosis, somewhat medically stable – Category would be severe based on the outflow velocities and right ventricular hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for interventional cardiology recommended. Given the elevated outflow velocity and secondary right ventricular changes, surgical intervention is strongly recommended with balloon valvuloplasty. If tachycardia occurs, then Atenolol therapy could be considered. Recommend



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maintaining a basal heart rate of <110.

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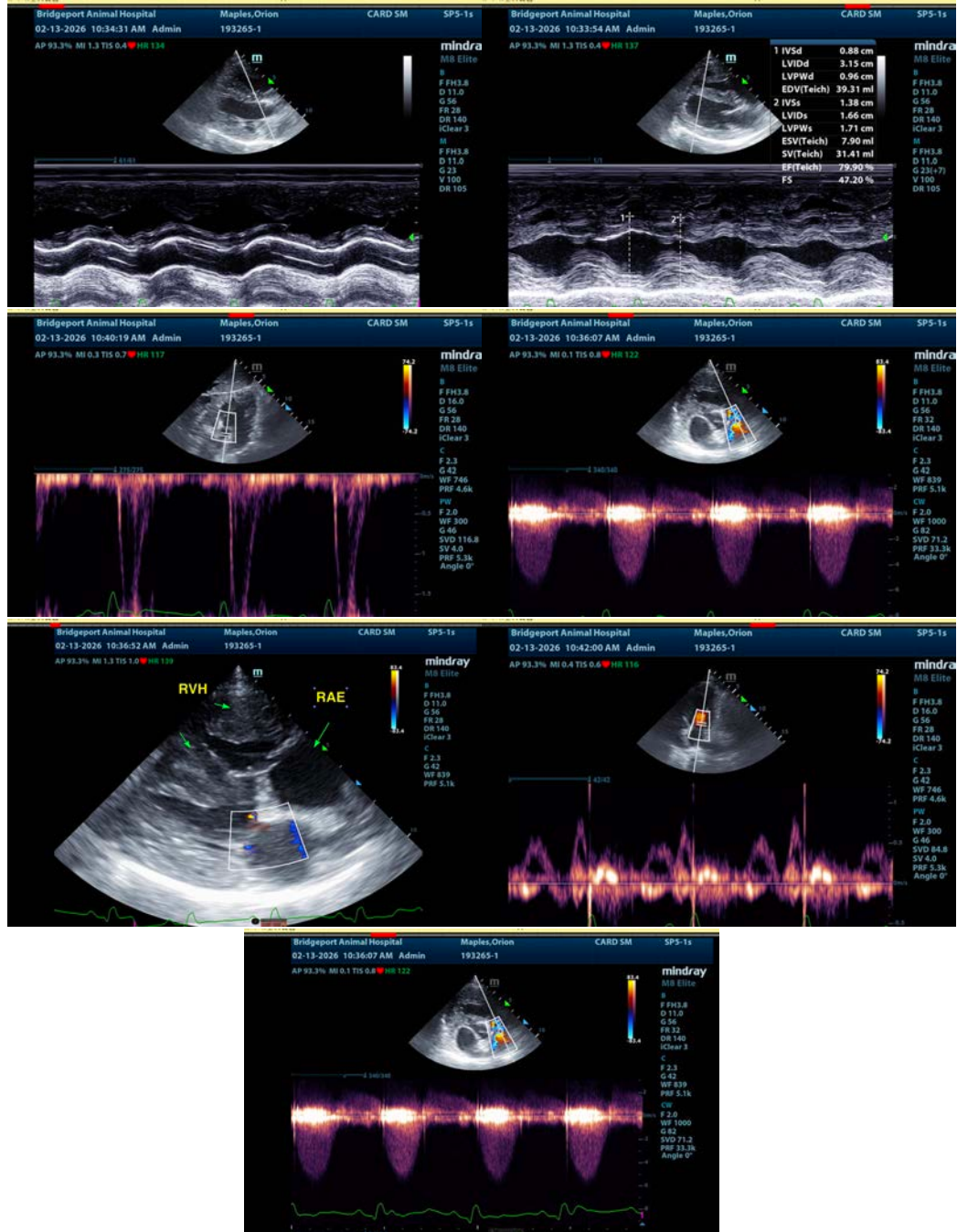
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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