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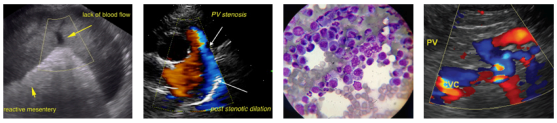

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Dog 53375a

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Intact Female

AGE

6 Months

WEIGHT

26 lbs

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Charleston Animal Society

REFERRING VET

Dr. Jamison

INVOICE

36806

DATE

4/11/22

PRESENTING CLINICAL SIGNS

Pre-surgery veterinary exam Date: 04/05/2022 Physical Exam findings Exam behavior: Fear scale: 1 No aggression noted Abnormals: Grade 5/6 heart murmur, hematuria noted. ASA#: 3 H and L WNL, HR and RR WNL, MM: pink CRT: less than 2 sec Attitude: BAR BCS: 5/9 Pain Scale: 0 EENT/oral: corneas clear, ears free of debris, no evidence of nasal discharge, throat palpates normally, no dental tartar, no evidence of oral masses or foreign bodies Integument: no lesions noted CVR: No cardiac murmurs or arrhythmias. Strong, synchronous femoral pulses. Normal lung sounds bilaterally. PLN: Lymph nodes palpate soft, symmetrical, and of a normal size. GI/GU: soft, non-painful on abdominal palpation. No organomegaly palpated. MS: ambulatory x 4, muscling adequate and symmetric Started antibiotics for hematuria even though free catch urine. No BP
Abnormal PE/Chem/CBC/UA Results: Tapeworm positive HW test: negative proBNP: 504 (normal) thoracic radiographs: unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.15	1.4	40	90	0.1
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view (cm)	**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	BELOW	BELOW	BELOW	BELOW
PATIENT		5.0	0.9-1.10			2.4	

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. Mitral insufficiency noted at 6.0 m/sec. The **left ventricle** presented concentric left ventricular hypertrophy. Hypercontractility noted owing to increased LVOT pressure gradients. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. The aortic valve was thickened. Pre-valvular ridge noted, consistent with subaortic stenosis. Aortic outflow velocity is excessive at 4.8 m/sec with 5.0 m/sec aortic insufficiency. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

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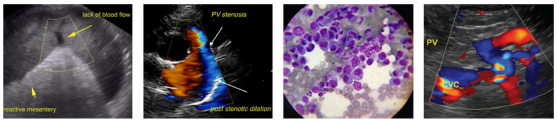

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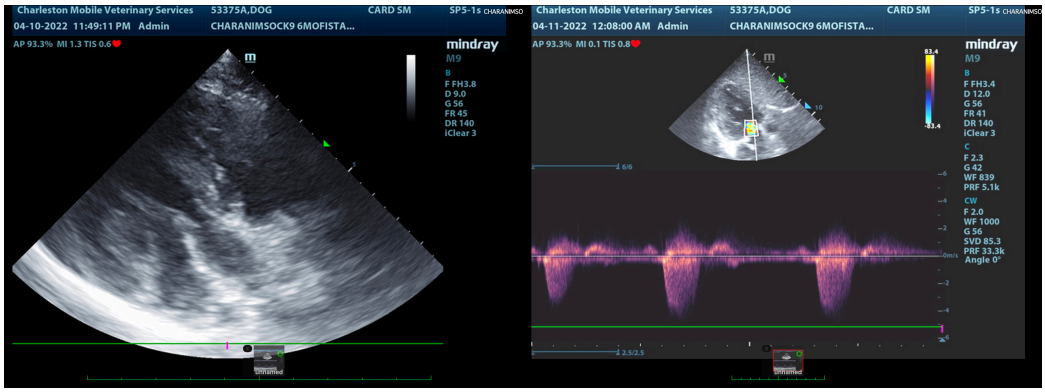
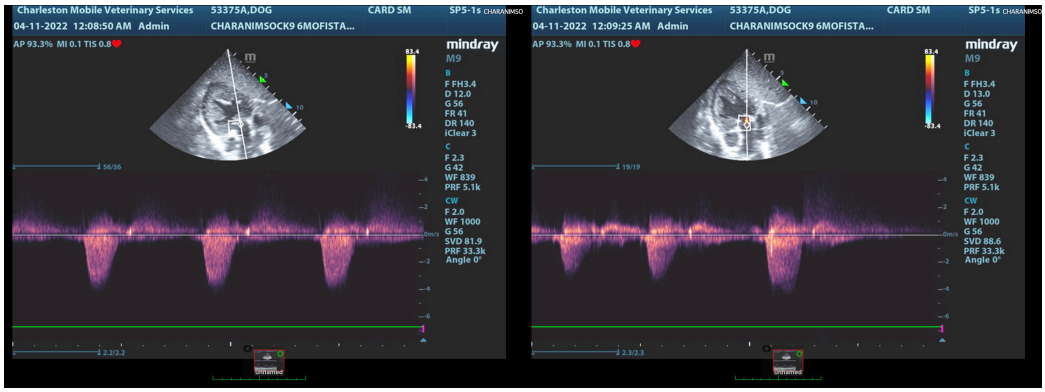
ULTRASONOGRAPHIC FINDINGS

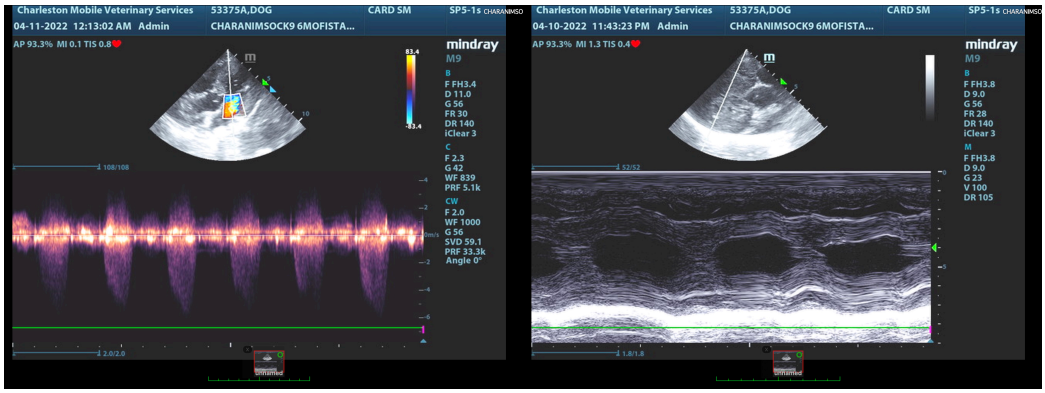
- Subaortic stenosis with secondary concentric left ventricular hypertrophy and concurrent mitral insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis long-term is very guarded, given the age of the patient and the velocities consistent with early severe subaortic stenosis and secondary concentric hypertrophy. Recheck echo in 3-6 months. There is mild anesthetic risk at this time. If surgery is to be performed, then prophylactic antibiotics 5 days prior to surgery and 7 days post would be indicated. This patient should not be bred.







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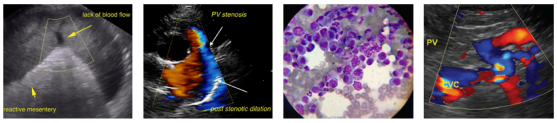

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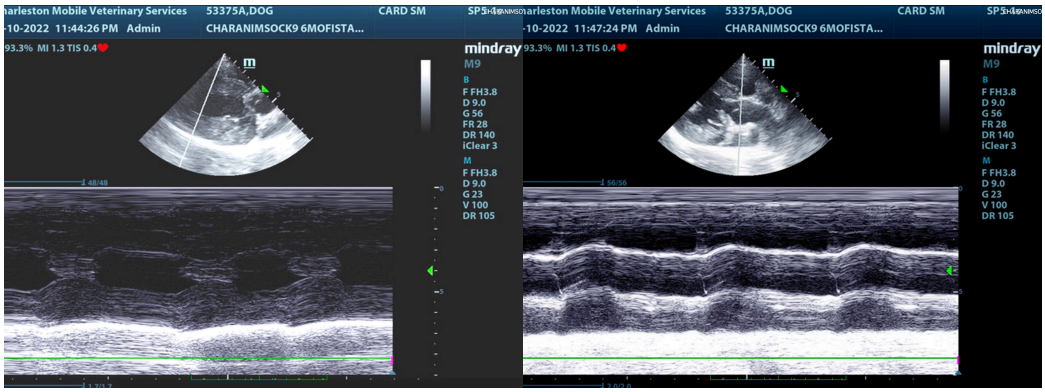

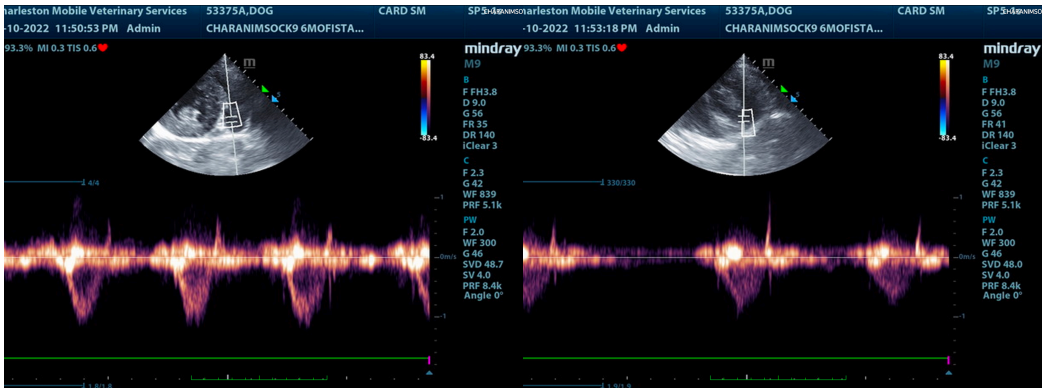

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com