



PATIENT

Tressa Warman

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

14 y

WEIGHT

4.4 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Mirecki

INVOICE

DATE

1/20/26

PRESENTING CLINICAL SIGNS

Chronic cough secondary to tracheal collapse. No audible murmur. Littermate developed L-CHF and euthanized recently. Radiographs show a large rounded cardiac silhouette.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve is normal. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve appear. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 18.9 mm
LVIDd - 16.2 mm
LVIDs - 8.5 mm
FS - 47.5%
RA - 10.9 mm
LVOT - 0.71 m/s
RVOT - 1.14 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 140 bpm
Rhythm: Sinus

Normal sinus rhythm is present throughout this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram and ECG

These examinations demonstrate no abnormalities. It's likely that breed variation is contributing to the appearance of cardiomegaly in Tressa's radiographs, though it's also possible that there could be a contribution from the presence of pericardial fat.

No therapy is recommended based on these exams.

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction develop.



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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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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