



PATIENT

Bear Burns

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

11 y

WEIGHT

66 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Narrowsburg
Veterinary

REFERRING VET

Dr. Hess

INVOICE

DATE

1/22/26

PRESENTING CLINICAL SIGNS

New grade /6 murmur.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 39.3 mm
LVIDd - 38.0 mm
LVIDs - 19.9 mm
FS - 47.6%
RA - 26.4 mm
LVOT - 2.32 m/s
RVOT - 1.59 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B1

This examination demonstrates mild regurgitation of blood across Bear's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild at present, as Bear does not have secondary dilation of either of his left heart chambers, and his left ventricular systolic function is well-preserved. As such, Bear's current risk for the development of clinical signs secondary to his mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be low.

No therapy is recommended at this stage of Bear's mitral valve disease.

A recheck echocardiogram is recommended in 6 months to monitor for disease progression.



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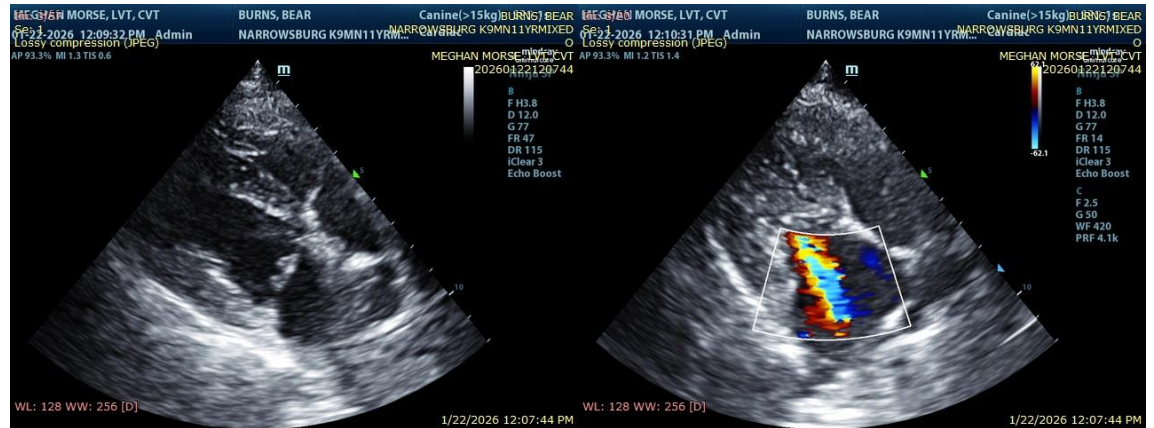
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

info@SonoPath.com