

**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Giorgio

History: 3/6 murmur, arrhythmia  
BP: 152/94, 174/98, 167/100

**SPECIES**

Canine

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**BREED**

Left atrial size is normal. The mitral valve leaflets are thickened and exhibit systolic prolapse. A mild to moderate 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. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**SEX**

Male Neutered

**AGE**

LA - 22.0 mm  
LVIDd - 22.4 mm  
LVIDs - 10.0 mm  
FS - 55.3%  
LVOT - 2.133 m/s  
RVOT - 1.42 m/s

**WEIGHT**

13.6#

**ELECTROCARDIOGRAPHIC FINDINGS**

A single lead ECG is submitted for review.

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM

HR: 90-214 bpm  
Rhythm: Sinus

**IMAGING PERFORMED BY**

Normal sinus rhythm, sinus arrhythmia, and sinus tachycardia are all present in this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

Rebekah Jakum, CVT  
ARDMS/RVT

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral valve disease

**HOSPITAL NAME**

Conrad Weiser AH

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

**REFERRING VET**

Dr. Larkin

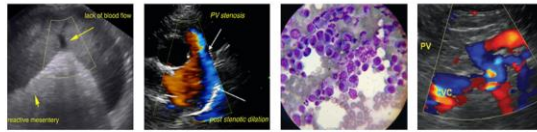
No pathologic arrhythmias are appreciated in Cooper's ECG.

**DATE**

1.17.2022

No therapy is recommended based on these exams.

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



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**WEIGHT**

13.6#

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

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**REFERRING VET**

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