



PATIENT

Beau Feller

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

9 y

WEIGHT

13.6 lb

PRESENTING CLINICAL SIGNS

Grade 4/6 murmur. Pre-anesthetic evaluation (lipoma removal).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. There is Doppler evidence of mitral regurgitation present. 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 appears normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 23.9 mm
LVIDd - 23.1 mm
LVIDs - 11.0 mm
FS - 52.4%
RA - 15.3 mm
LVOT - 1.58 m/s
RVOT - 1.31 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B1

These examinations demonstrate regurgitation of blood across Beau's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation appear to be mild at present, as Beau does not have secondary dilation of either of his left heart chambers, and his left ventricular systolic function is well-preserved. As such, Beau'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 fairly low.

Beau's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Bramlett

INVOICE

No therapy is recommended at this stage of disease.

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

DATE

1/27/26



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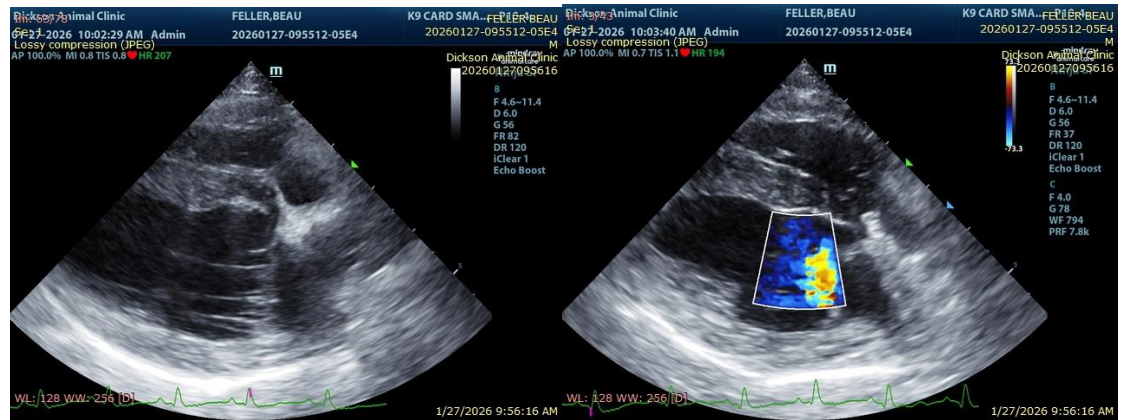
REFERRING VET

Dr. Bramlett

INVOICE

DATE

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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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