



PATIENT

Max Conway

SPECIES

Canine

BREED

Schnoodle

SEX

MN

AGE

12 y

WEIGHT

14.2 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

DATE

1/5/26

PRESENTING CLINICAL SIGNS

Grade III/VI left-sided murmur. Pre-anesthetic evaluation (COHAT).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. There is borderline mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened and exhibit systolic prolapse. A mild jet of tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trivial pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA – 28.3 mm
LVIDd – 26.7 mm
LVIDs – 14.6 mm
FS – 45.3%
RA – 16.9 mm
LVOT – 1.20 m/s
RVOT – 0.75 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 125 bpm
Rhythm: Sinus

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

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

This examination demonstrates regurgitation of blood across Max's mitral and tricuspid valves resulting from degenerative valve disease. Max's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is a bit more advanced, as Max has mild to moderate mitral regurgitation present, with mild secondary dilation of his left atrium and borderline dilation of his left ventricle, though his left ventricular systolic function is well-preserved. As only mild left atrial dilation is present, Max'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 relatively low, though careful monitoring for these signs is recommended.

No abnormalities are appreciated in Max's ECG.

Max'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



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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.

I recommend starting Max on pimobendan (2.5 mg am, 1.25 mg pm), as this medication should help to slow the progression of his valvular diseases, as well as decrease his risk for anesthesia.

A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended if Max experiences respiratory clinical signs.



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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