



**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 murmur. ECG – sinus arrhythmia.

**DATE**

1/9/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Rebekah Jakum

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

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 normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Max Lawler

LA – 27.8 mm  
LVIDd – 28.6 mm  
LVIDs – 17.8 mm  
FS – 37.8%  
LVOT – 1.30 m/s  
RVOT – 0.92 m/s  
TR – 2.37 m/s

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease

**SPECIES**

Canine

This examination demonstrates mild regurgitation of blood across Max’s mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of each of the regurgitations also appear to be mild, as Max does not have secondary dilation of any of his cardiac chambers. As such, Max’s valvular diseases appear to be well-compensated, and his current risk for the development of clinical signs secondary to them, such as coughing, exercise intolerance, syncope, labored breathing, and abdominal distension, appears to be low.

**BREED**

CKCS

No therapy is recommended at this stage of Max’s valvular diseases.

**SEX**

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

**MN**

**AGE**

10 y

**WEIGHT**

23 lb



**HOSPITAL NAME**

Conrad Weiser AH

**REFERRING VET**

Dr. Watzka



DATE

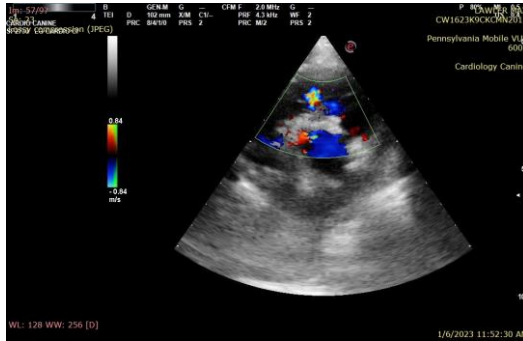
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

PATIENT

Max Lawler

Keith Blass, DVM, MS, DACVIM (Cardiology)  
KeithBlass@gmail.com  
631-804-5754

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