



PATIENT

Charlie Newlin

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

8 y

WEIGHT

119.6 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

INVOICE

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Pre-anesthetic evaluation (cruciate repair). ECG showed a supraventricular arrhythmia. No murmur.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal, though trace 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 appears normal, though trace tricuspid regurgitation is present. 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 - 46.8 mm
LVIDd - 50.7 mm
LVIDs - 34.0 mm
FS - 32.9%
RA - 31.2 mm
LVOT - 1.16 m/s
RVOT - 0.85 m/s

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease, as trace valvular regurgitation can be considered a normal physiologic variant.

No therapy is recommended based on this exam.

While no arrhythmia was appreciated in the ECG that accompanied Charlie's echocardiogram, the reported presence of a supraventricular arrhythmia in his pre-operative ECG suggests that certain medications such as ketamine, telazol, and, if possible, anticholinergics, should be avoided in the anesthetic protocol, and careful monitoring of Charlie's heart rhythm is recommended during the procedure.

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of structural heart disease develop.



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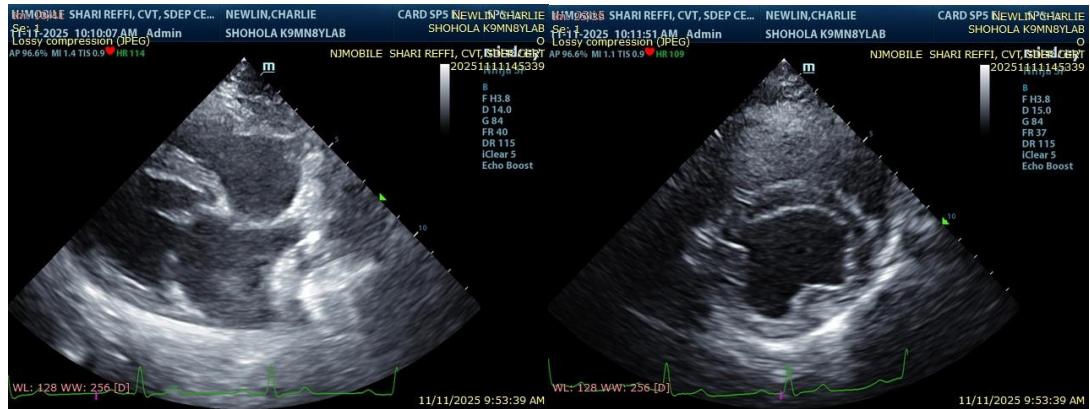
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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