

PATIENT

Finley Burnett

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

6 y

WEIGHT

40 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

INVOICE

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Recheck DTVD. Doing well.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 5/22/25.

Left atrial size is normal. The mitral valve appears normal, though trivial 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 very mildly thickened, and a very mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

LA – 41.0 mm (prev. 38.8 mm)
LVIDd – 38.8 mm (prev. 36.8 mm)
LVIDs – 25.0 mm (prev. 26.6 mm)
FS – 35.5% (prev. 27.7%)
RA – 28.7 mm (prev. 29.2 mm)
LVOT – 1.38 m/s (prev. 1.49 m/s)
RVOT – 1.09 m/s (prev. 0.75 m/s)
TR – 1.99 m/s (prev. 2.18 m/s)

ASSESSMENT/RECOMMENDATIONS

Degenerative tricuspid valve disease – stage B1

This examination demonstrates no progression of Finley's tricuspid valve disease over the past 6 months. As such, his risk for the development of clinical signs of right-sided cardiac dysfunction still appears to be low.

No therapy is recommended at this stage of Finley's tricuspid valve disease.

A recheck echocardiogram is recommended in 9-12 months to monitor for disease progression.



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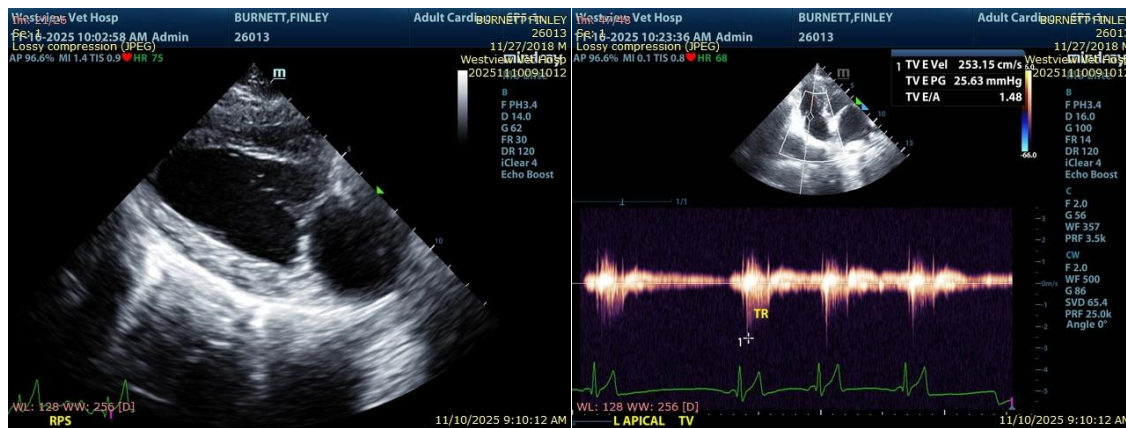
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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