



PATIENT

Kaiya Scott

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

FS

AGE

1 y

WEIGHT

60 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Nason

INVOICE

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Persistent left-sided murmur. BNP 633. BNP 148 systolic.

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 wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. 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.

LA - 38.7 mm
IVSd - 10.5 mm
LVPWd - 9.6 mm
LVIDd - 39.1 mm
LVIDs - 20.8 mm
FS - 46.8%
RA - 31.2 mm
LVOT - 2.47 m/s
RVOT - 1.30 m/s

ASSESSMENT/RECOMMENDATIONS

Kaiya's murmur appears to be due to the presence of mildly increased flow velocity in her ascending aorta. This likely represents a functional/innocent increase in flow velocity, however, the presence of very mild subaortic stenosis (SAS) cannot be completely ruled out. If SAS is present, the hemodynamic effects of the disease would be negligible, and given that Kaiya is a year old, they should not worsen over time.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended if the characteristics of Kaiya's murmur change, or if other new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.



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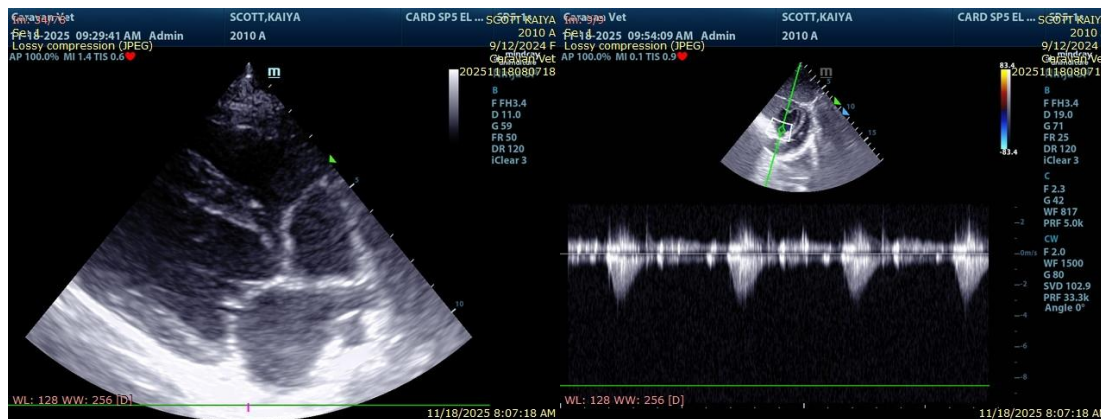
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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