

## PATIENT

Chance Urrego

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

MN

## AGE

14 y

## WEIGHT

75 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Animal Health  
Associates

## REFERRING VET

Dr. Schroeder

## INVOICE

## DATE

11/19/25

## PRESENTING CLINICAL SIGNS

Grade V/VI 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 appear normal, though trace aortic insufficiency is present. 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.

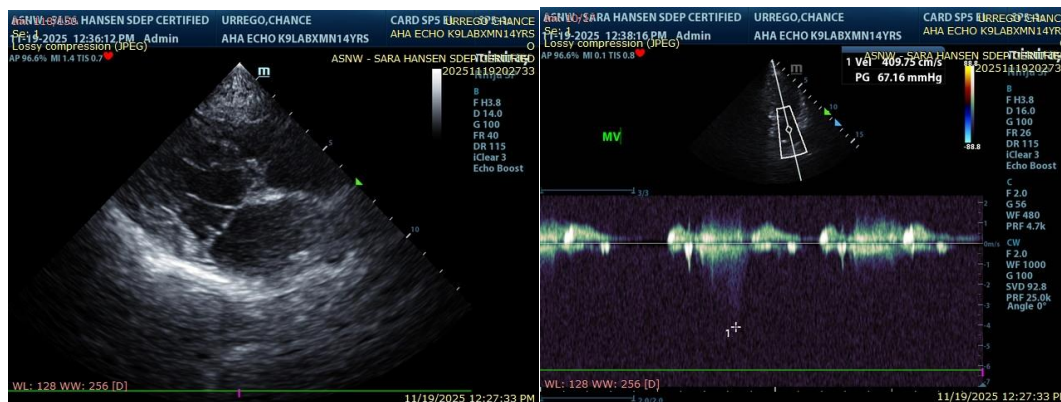
LA - 38.5 mm  
LVIDd - 40.0 mm  
LVIDs - 24.3 mm  
FS - 39.3%  
RA - 25.5 mm  
LVOT - 1.06 m/s  
RVOT - 0.83 m/s

## ASSESSMENT/RECOMMENDATIONS

The only potential abnormalities seen in this exam are trace regurgitations of blood across Chance's mitral, tricuspid, and aortic valves, which could either be normal physiologic variants or early indicators of developing degenerative valve disease. The hemodynamic effects of the regurgitations are negligible at present, and Chance's cardiac function appears to be well-compensated

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. coughing, exercise intolerance, syncope, labored breathing, abdominal distension) develop.





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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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