



PATIENT

Gino Rothschild

SPECIES

Canine

BREED

Corgi

SEX

MN

AGE

10 y

WEIGHT

27 lb

PRESENTING CLINICAL SIGNS

Grade III/VI murmur. Asymptomatic.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A mild jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA – 34.8 mm

LA/Ao – 1.43

LVIDd – 32.6 mm

LVIDs – 18.0 mm

FS – 44.8%

RA – 22.8 mm

LVOT – 1.42 m/s

RVOT – 1.15 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Golden

INVOICE

DATE

11/20/25

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease – stage B1

This examination demonstrates mild regurgitation of blood across Gino's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Gino does not have secondary dilation of either of his left heart chambers, and his left ventricular systolic function is well-preserved. As such, Gino's current risk for the development of clinical signs secondary to his mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be low.

No therapy is recommended at this stage of disease.

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



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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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