



## PATIENT

Rylee Tatarka

## SPECIES

Canine

## BREED

Boxer

## SEX

FS

## AGE

9 y

## WEIGHT

63 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Brandi Kurzowski

## HOSPITAL NAME

Corfu VC

## REFERRING VET

Dr. Weaver

## INVOICE

## DATE

11/4/25

## PRESENTING CLINICAL SIGNS

Grade 3/6 left-sided murmur. Experiencing seizure-like/neurologic episodes.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and there is color Doppler evidence of mitral regurgitation 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 is normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 39.7 mm

LVIDd - 34.3 mm

LVIDs - 21.6 mm

FS - 37%

RA - 25.7 mm

LVOT - 1.58 m/s

## ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 125 bpm average

Rhythm: Sinus

Normal sinus rhythm is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B1

Rylee's echocardiogram demonstrates regurgitation of blood across Rylee's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation appear to be mild, as Rylee does not have secondary dilation of either of her left heart chambers, and her left ventricular systolic function is normal. As such, Rylee's mitral valve disease does not appear to be the cause of her neurologic episodes, and her current risk for the development of left-sided congestive heart failure appears to be low.

Rylee's ECG demonstrates no abnormalities, though it's possible that she could be experiencing an intermittent ECG that was not captured in the submitted recording.

No therapy is recommended based on these exams.

If syncope is suspected, Holter and/or event monitor placement may be warranted to more comprehensively evaluate for the presence of a pathologic arrhythmia.

A recheck echocardiogram is recommended in 6-9 months.



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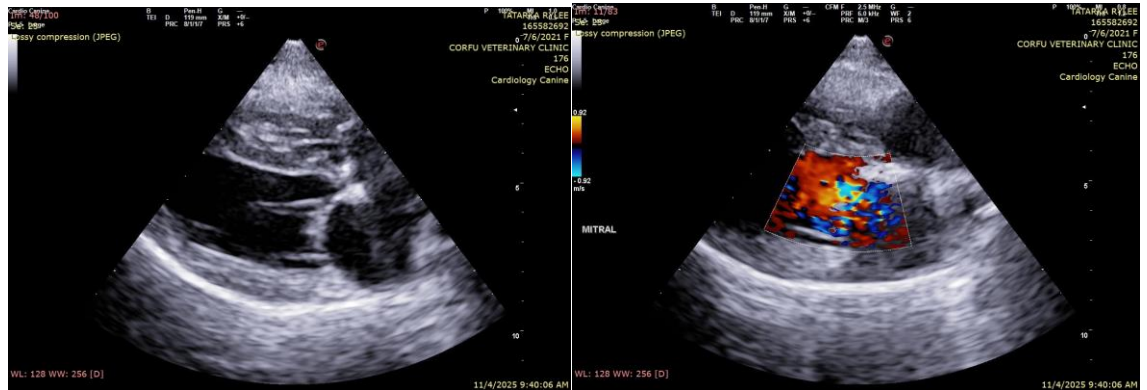
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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