



## PATIENT

Faith Webber

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

FS

## AGE

11 y

## WEIGHT

3.98 kg

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Kelly Reschny

## HOSPITAL NAME

Snelgrove VS

## REFERRING VET

Dr. McQueen

## INVOICE

## DATE

11/7/25

## PRESENTING CLINICAL SIGNS

Grade 3/6 murmur. Pre-anesthetic evaluation (dental).

## 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 hyperdynamic. The aorta and aortic valve are normal. 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/Ao – 1.28  
LVIDd – 22.0 mm  
LVIDs – 9.9 mm  
FS – 55%  
LVOT – 0.67 m/s  
RVOT – 0.96 m/s

## ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 108 bpm  
Rhythm: Sinus

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

## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

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

No abnormalities are appreciated in Faith's ECG.

Faith's cardiovascular risk for general anesthesia appears to be low based on this exam, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 25% as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended based on this exam.



**PATIENT**

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

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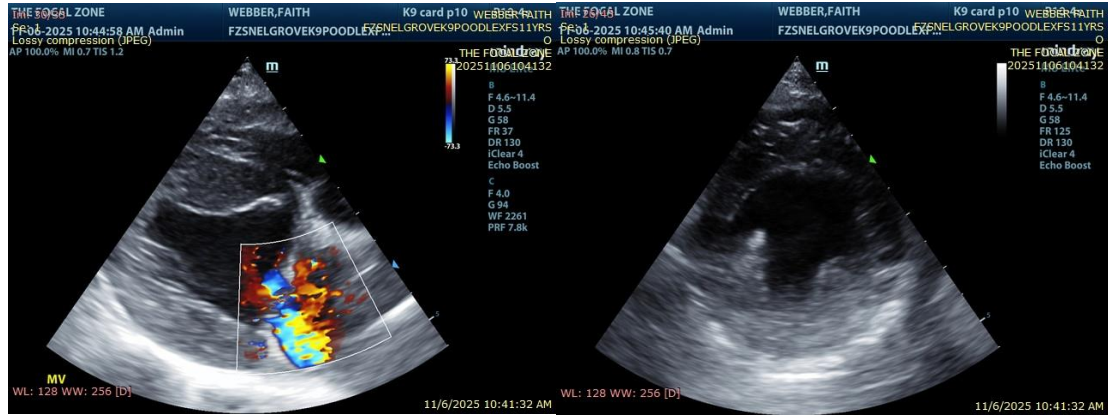
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@SonoPath.com](mailto:info@SonoPath.com)