



PATIENT

Monty Pottage

SPECIES

Canine

BREED

Puli

SEX

MN

AGE

13 y

WEIGHT

18.3 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Nigel Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Gumley

INVOICE

DATE

11/7/25

PRESENTING CLINICAL SIGNS

Grade 3/6 murmur. ECG last month showed 2nd-degree AV block and ventricular couplets. Recheck ECG yesterday showed a sinus arrhythmia with 1st-degree AV block that was not responsive to atropine. Radiographs showed mild left heart enlargement and a possible left caudal lung lobe mass, as well as suspect sternal lymphadenopathy.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia with 1st-degree AV block and rare 2nd-degree AV block

LA/Ao – 35.0 mm

LVIDd – 35.2 mm

LVIDs – 23.8 mm

FS – 32.4%

RA – 20.1 mm

LVOT – 1.69 m/s

RVOT – 0.84 m/s

TR – 2.14 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease – stage B1

1st- and 2nd-degree AV block

This examination demonstrates mild regurgitation of blood across Monty's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of the regurgitations also appear to be mild, as Monty does not have secondary dilation of any of his cardiac chambers, and his ventricular systolic function is normal. As such, Monty's current risk for the development of left- and/or right-sided congestive heart failure appears to be low.

The lack of improvement following atropine administration suggests that Monty's AV block may be due to AV nodal dysfunction rather than elevated vagal tone. Monty's block is currently too mild to result in relevant hemodynamic impairment, however, careful monitoring for progression is recommended, as more severe AV block can result in weakness, lethargy, exercise intolerance, and/or syncope.

No therapy is recommended at this stage of Monty's valvular diseases or AV block.

A recheck echocardiogram and ECG are recommended in 6 months, sooner if new clinical signs compatible with cardiac dysfunction develop.



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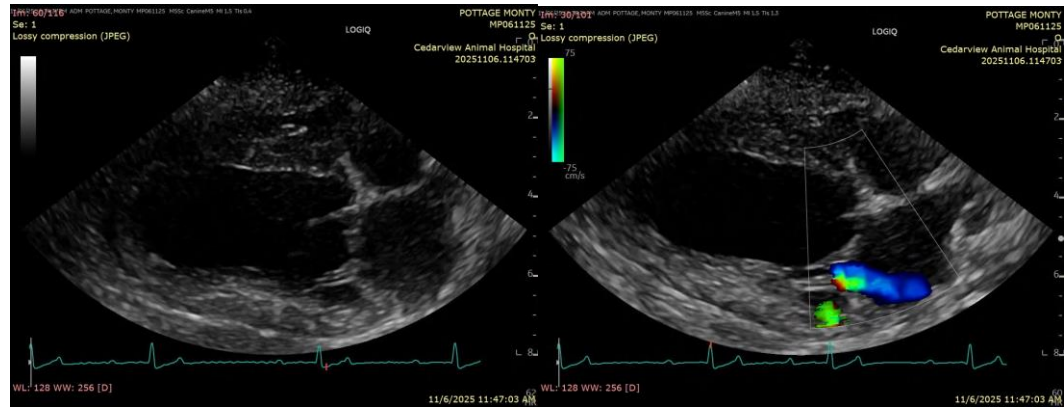
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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