

## PATIENT

Charlie Elgee

## SPECIES

Canine

## BREED

Min. Schnauzer

## SEX

MN

## AGE

5 y

## WEIGHT

13 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Karen Ebersole, DVM,  
DABVP

## HOSPITAL NAME

Scanvet

## REFERRING VET

Dr. Berdahl

## INVOICE

## DATE

12/10/25

## PRESENTING CLINICAL SIGNS

New grade 3/6 murmur. VHS 10 in radiographs taken last month.

## 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 to moderate 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 is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 26.4 mm  
LVIDd - 25.9 mm  
LVIDs - 11.1 mm  
FS - 57%

RA - 17.6 mm  
LVOT - 1.11 m/s  
RVOT - 0.91 m/s

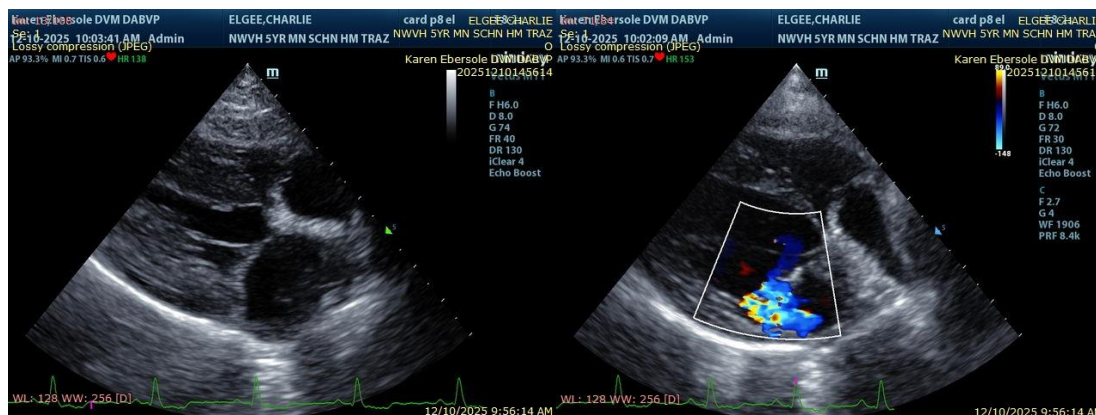
## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B1

This examination demonstrates mild to moderate regurgitation of blood across Charlie's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation appear to be mild at present, as Charlie does not have secondary dilation of either of his left heart chambers, and his left ventricular systolic function is well-preserved. As such, Charlie's current risk for the development of clinical signs secondary to his 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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