



PATIENT

Albie Schindler

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

15 y

WEIGHT

10.8 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Nith Valley AH

REFERRING VET

Dr. Yensenn

INVOICE

DATE

12/24/25

PRESENTING CLINICAL SIGNS

On November 10th, Albie stiffened and fell over for about 10 seconds. An hour later, he started to tip over and balanced himself on a wall. PE normal at the time. Since then, has been experiencing episodes of head nodding, suspected to be focal seizures. Started Keppra on November 11th, though episodes continued. Added prednisone for a short time with no improvement. Started collapsing when excited or after walking up stairs on December 19th. PE on 12/22 revealed a grade III/VI sternal murmur. Thoracic radiographs unremarkable except for possible mild cardiomegaly.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and there is Doppler evidence of mitral regurgitation present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. 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 appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

LA - 31.7 mm
LVIDd - 29.8 mm
LVIDs - 14.8 mm
FS - 50.3%
RA - 17.0 mm
LVOT - 1.02 m/s
RVOT - 1.31 m/s
TR - 2.30 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 120 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

Albie's echocardiogram demonstrates regurgitation of blood across his mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Albie has mild dilation of his left atrium, though his left ventricular dimensions are normal, and his left ventricular systolic function is well-preserved. As only mild left atrial dilation is present, it's unlikely that Albie's mitral valve disease is the cause of his seizure-like episodes, and his current risk for the development of other clinical signs secondary to his disease, such as coughing, exercise intolerance, and labored breathing, appears to be relatively low.

No abnormalities are appreciated in Albie's ECG, though the presence of an intermittent arrhythmia



PATIENT

Albie Schindler

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

15 y

WEIGHT

10.8 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Nith Valley AH

REFERRING VET

Dr. Yensenn

INVOICE

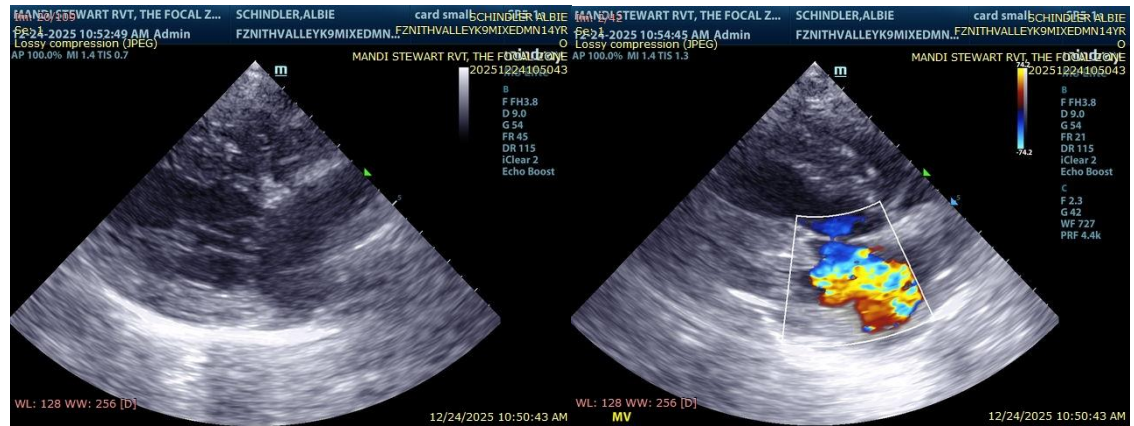
DATE

12/24/25

cannot be ruled out. If Albie's episodes are syncopal/pre-syncopal in origin, this should be considered as a possible cause, as should a vasovagal reflex.

I recommend starting Albie on pimobendan (2.5 mg BID), as this medication should help to slow the progression of his mitral valve disease. If no other reason for Albie's episodes can be identified and a Holter monitor shows no premature beats, a trial with theophylline (100 mg BID) can be considered as an empirical treatment for vasovagal syncope.

A Holter monitor can be considered if Albie experiences additional episodes. A recheck echocardiogram is recommended in 6-9 months.



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