



## PATIENT

Sayge White

## SPECIES

Canine

## BREED

Cocker Spaniel

## SEX

MN

## AGE

17 y

## WEIGHT

23.0 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Arielle Roldan, CVT

## HOSPITAL NAME

Milford AH

## REFERRING VET

Sean Grasso, DVM

## INVOICE

## DATE

2/16/26

## PRESENTING CLINICAL SIGNS

BNP 1239. cTnI 0.59 ng/ml. 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 a mild jet of mitral regurgitation is 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 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 - 29.5 mm  
LVIDd - 29.4 mm

LVIDs - 21.8 mm  
FS - 25.9%

RA - 23.2 mm  
LVOT - 1.24 m/s

RVOT - 1.04 m/s

## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B1

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

No therapy is recommended at this stage of disease.

Sayge's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists in the anesthetic protocol, as well as reducing the IV fluid rate by 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

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



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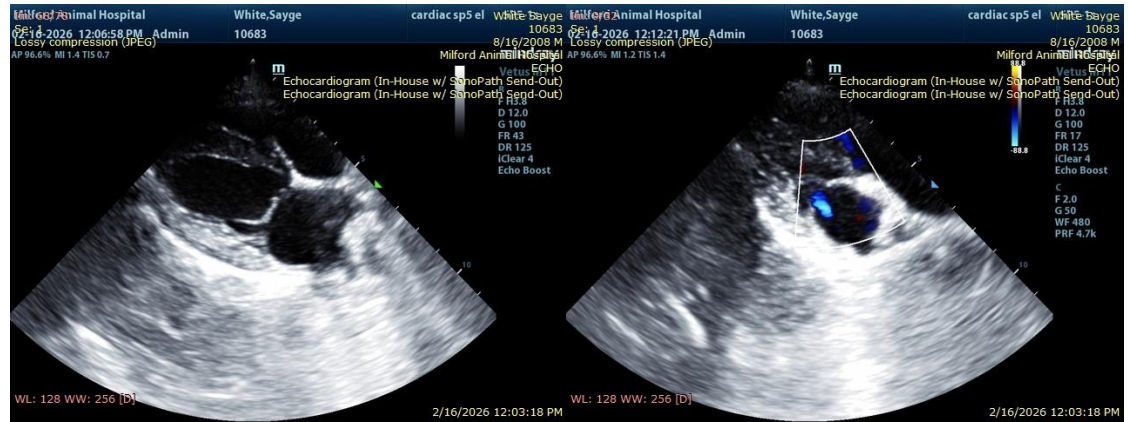
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)