



PATIENT

Hubbard Beach

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

MN

AGE

13 y

WEIGHT

19.9 lb

PRESENTING CLINICAL SIGNS

Elevated BNP (1649). No murmur. Pre-anesthetic evaluation (dental).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal, though trace 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 are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

LA - 30.1 mm

LVIDd - 30.2 mm

LVIDs - 18.5 mm

FS - 38.7%

RA - 19.4 mm

LVOT - 1.23 m/s

RVOT - 0.82 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bailey

INVOICE

DATE

3/11/26

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease, as trace valvular regurgitation can be considered a normal physiologic variant. As such, no reason for Hubbard's BNP elevation is appreciated in the image set. It's possible that the result could be a false positive, though consideration should also be given to azotemia or systemic hypertension as possible causes.

No therapy is recommended based on this exam, and there is no contraindication to general anesthesia.

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.



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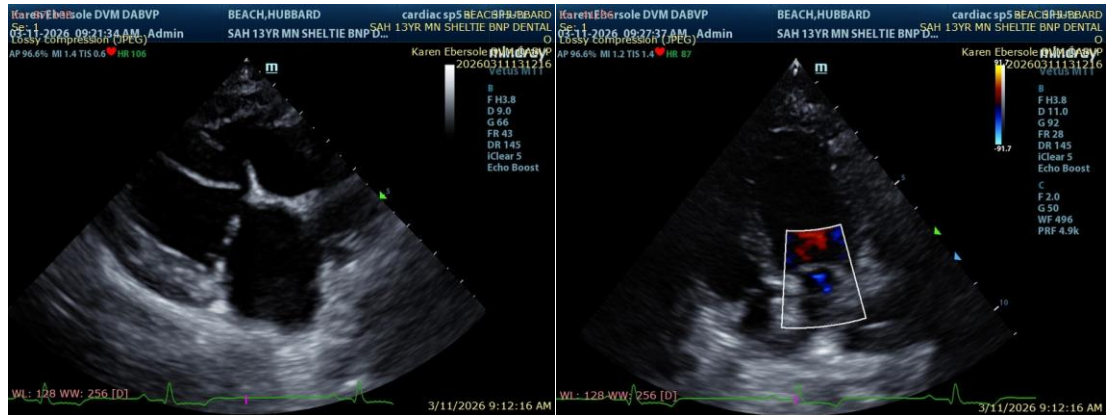
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@SonoPath.com