



**PRESENTING CLINICAL SIGNS**

**DATE** History: Presented to ER for hematochezia. New murmur detected.

**3/16/23** **ECHOCARDIOGRAPHIC FINDINGS**  
2D, M-mode, and Doppler study.

**PERFORMED BY:** 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 mildly hyperdynamic. The aorta and aortic valve appear 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 appear normal, though there is mildly increased flow velocity in the main pulmonary artery. No pericardial effusion or cardiac masses are seen.

Kelly Vazquez

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

ECG during echo: Sinus rhythm

**PATIENT**

Doe Langweil

LA - 23.4 mm  
LVIDd - 23.2 mm  
LVIDs - 13.0 mm  
FS - 44%  
RA - 15.3 mm  
LVOT - 1.65 m/s  
RVOT - 2.27 m/s

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

**BREED**

Chihuahua Mix

Doe's murmur appears to be due to the presence of mildly increased flow velocity in her main pulmonary artery. As her pulmonic valve appears normal via 2D imaging and the velocity is too low to be consistent with the presence of pulmonary stenosis, it appears likely that the velocity increase is functional/innocent in nature.

**SEX**

FS

A recheck echocardiogram is recommended in 12 months, sooner if the characteristics of Doe's murmur change, or if other new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction develop.

**AGE**

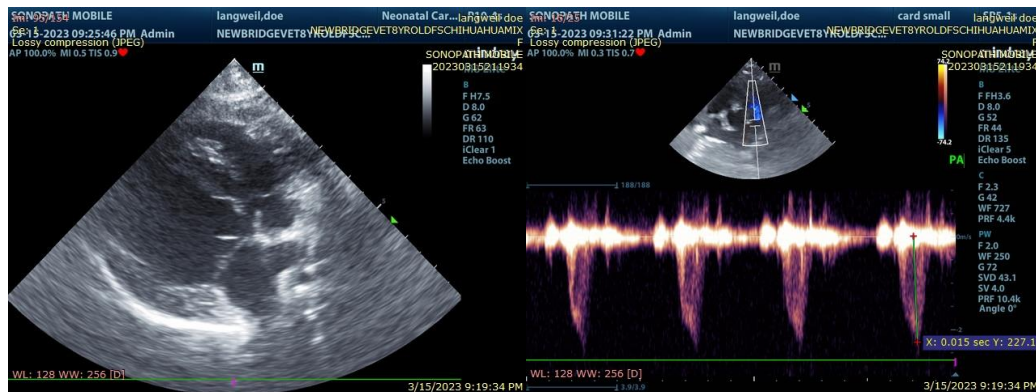
8 y

**WEIGHT**

11.1 lb

**HOSPITAL NAME**

New Bridge  
Veterinary



**REFERRING VET**

Dr. Glennon

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



visible in the image/video clips provided.

**DATE**

3/16/23

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.

**PERFORMED BY:** Keith Blass, DVM, MS, DACVIM (Cardiology)  
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