

PATIENT

Dwight Morrison

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

9 y

WEIGHT

12 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Arnold

INVOICE

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Collapsed when out for a walk on 3/5/26. Laid there for a short time then went back to normal. BNP 1114.

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 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 appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

LA - 24.5 mm

LVIDd - 26.1 mm

LVIDs - 13.9 mm

FS - 46.7%

RA - 16.7 mm

LVOT - 0.75 m/s

RVOT - 0.87 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B1

This examination demonstrates mild regurgitation of blood across Dwight's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Dwight does not have secondary dilation of either of his left heart chambers, and his left ventricular systolic function is well-preserved. As such, Dwight's collapsing episode does not appear to be secondary to his mitral valve disease, and his current risk for the development of other clinical signs secondary to it, such as coughing, exercise intolerance, and labored breathing, appears to be low.

Likely possible differentials for Dwight's collapsing episode include a vasovagal reflex and intermittent arrhythmia.

No therapy is recommended at this stage of Dwight's mitral valve disease.

An ECG and/or Holter/event monitor may be warranted to evaluate for the presence of an arrhythmia. A recheck echocardiogram is recommended in 6 months.



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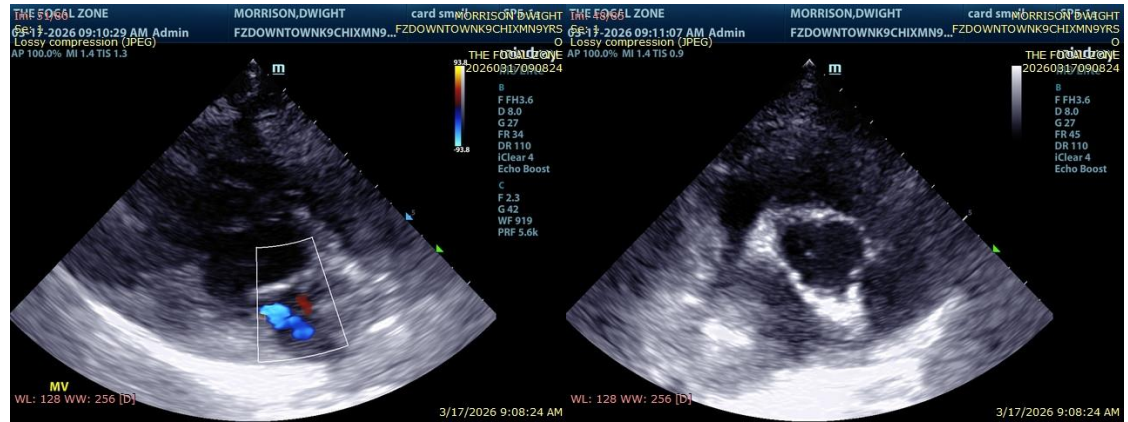
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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