



PATIENT

Yogi Vogt

SPECIES

Canine

BREED

Labrador Mix

SEX

MN

AGE

8 y

WEIGHT

30.9 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History of pneumonia. Was at rDVM for a cough the last two weeks. Radiographs were ok, but there is now wetness to the cough and more recent radiographs are concerning for pneumonia. Elevated BNP. BP WNL.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve is normal. 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 pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 32.4 mm
LVIDd - 31.9 mm
LVIDs - 22.6 mm
FS - 29%
RA - 23.7 mm
LVOT - 0.40 m/s
RVOT - 0.50 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 136 bpm
Rhythm: Sinus

Normal sinus rhythm is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram and ECG

These examinations demonstrate no abnormalities. As such, Yogi's cough does not appear to be cardiogenic in origin, and no reason for his elevated BNP level is appreciated, though I suspect that the elevation is a false positive result.

No therapy is recommended based on these exams.

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of structural heart disease develop.



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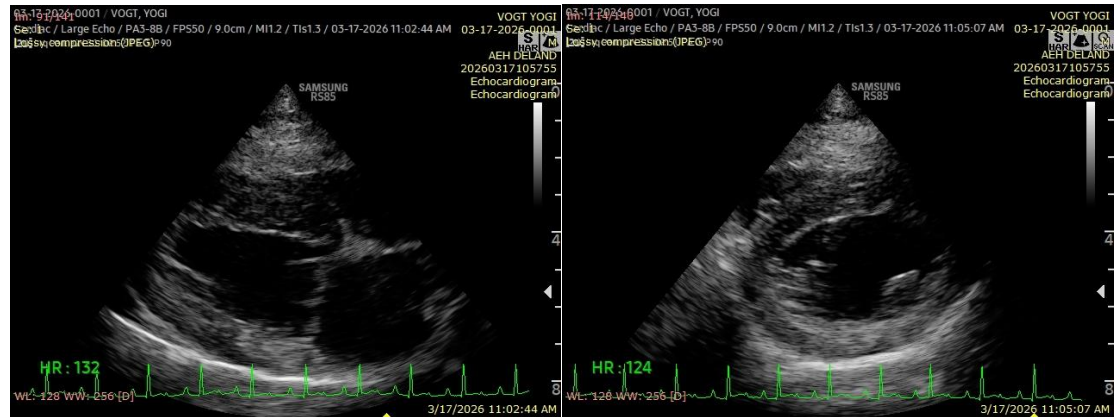
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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