



PATIENT

Max Orbergossa

SPECIES

Canine

BREED

Boxer

SEX

MI

AGE

6 y

WEIGHT

36.7 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

INVOICE

DATE

4/14/26

PRESENTING CLINICAL SIGNS

Grade 1-2/6 left-sided murmur. Collapsing episodes. Elevated BNP. Family history of sudden death. Progressive neurologic disease causing bilateral hindlimb plantigrade stance and ataxia.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve is normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though there is increased flow velocity in the ascending aorta, as well as trace aortic insufficiency. 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 shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

LA - 38.5 mm
IVSd - 9.8 mm
LVPWd - 10.0 mm
LVIDd - 38.8 mm
LVIDs - 28.0 mm
FS - 27.8%
RA - 32.2 mm
LVOT - 3.47 m/s
RVOT - 1.25 m/s
PI - 0.99 m/s

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates increased flow velocity in Max's left ventricular outflow tract/aorta, consistent with the presence of subaortic stenosis. The velocity of flow indicates that Max's stenosis is mild (PG 48 mmHg), and he does not have secondary hypertrophy of his left ventricle or dilation of his left atrium. It would be unusual for a dog with mild stenosis to experience collapsing episodes, therefore, it's unlikely that this is the cause of Max's episodes. No arrhythmia was detected in Max's ECG, however, the presence of an intermittent one cannot be ruled out as a possible cause of his collapsing episodes.

No therapy appears to be warranted based on this exam, however, a trial with atenolol (37.5 mg BID) can be considered to see if his reduces the frequency of Max's collapsing episodes.

As subaortic stenosis does increase a dog's risk for developing aortic valve endocarditis, prophylactic antibiotic therapy is recommended any time there is a risk for infection.

A Holter and/or event monitor may be warranted to further evaluate for the presence of an intermittent arrhythmia.

A recheck echocardiogram is recommended in 9 months.



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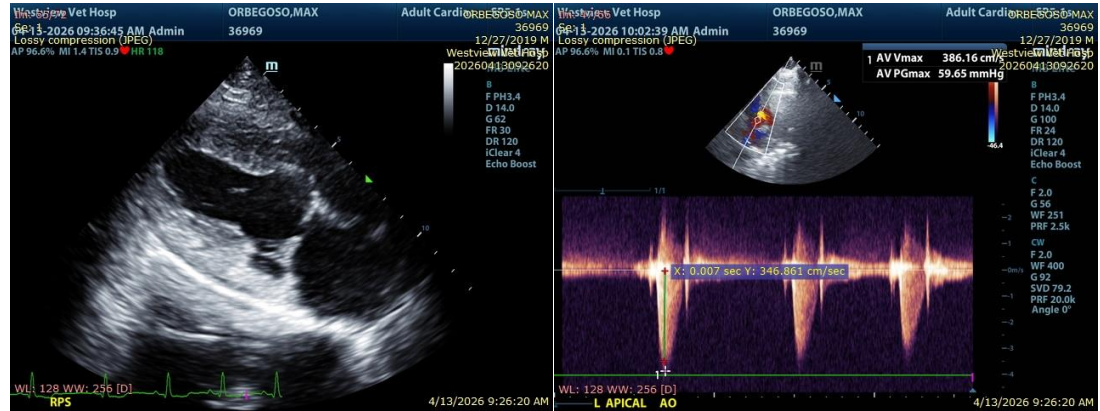
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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