



PATIENT

Ollie Phraner

SPECIES

Canine

BREED

Rottweiler

SEX

M

AGE

9 mo

WEIGHT

78 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services

REFERRING VET

Dr. D'Abbraccio

INVOICE

DATE

4/3/26

PRESENTING CLINICAL SIGNS

Grade 3/6 murmur. Diagnosed with mild mitral valve dysplasia and hypoplastic aorta +/- subaortic stenosis in November 2025.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral appears normal, though trivial mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. There is narrowing of the left ventricular outflow tract caused by the projection of tissue from the interventricular septal surface of the outflow tract. There is turbulent flow across the outflow tract, consistent with the presence of mild subaortic stenosis (PG 32.5 mmHg). The aorta and aortic valve appear normal, though mild aortic insufficiency is present. 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 there is mildly increased flow velocity in the main pulmonary artery. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 39.2 mm
IVSd - 10.0 mm
LVPWd - 12.4 mm
LVIDd - 33.9 mm
LVIDs - 22.8 mm
FS - 32.7%
RA - 25.1 mm
LVOT - 2.85 m/s
RVOT - 1.79 m/s

ASSESSMENT/RECOMMENDATIONS

Subaortic stenosis (SAS)

This examination demonstrates turbulent flow in Ollie's left ventricular outflow tract as blood passes by a projection from his interventricular septum into the outflow tract. The velocity of turbulent flow indicates that Ollie's stenosis is mild. If it remains mild, it's unlikely that Ollie would be at risk for the development of clinical or hemodynamic impairment secondary to his stenosis, however, SAS can progress until a dog is fully grown, therefore, careful monitoring for progression over the next few months is recommended.

As Ollie has only trivial regurgitation of blood across his mitral valve and trace regurgitation across his tricuspid valve in today's exam, it's unlikely that he has dysplasia of these valves.

No therapy is recommended at this time.

A recheck echocardiogram is recommended in 6 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. exercise intolerance, syncope, labored breathing) develop.



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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