



PATIENT

Lucy Hill

SPECIES

Canine

BREED

Chiweeni

SEX

FS

AGE

9 y

WEIGHT

12 lb

PRESENTING CLINICAL SIGNS

Grade 3-4/6 murmur. Pre-anesthetic evaluation (dental).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though mild aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 25.0 mm

LVIDd - 24.6 mm

LVIDs - 11.8 mm

FS - 52%

RA - 16.6 mm

LVOT - 1.50 m/s

RVOT - 0.84 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Cohen

INVOICE

DATE

5/13/26

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B1

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

Lucy's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists in the anesthetic protocol, as well as reducing the IV fluid rate by 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

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

A recheck echocardiogram is recommended in 6 months to monitor for disease progression.



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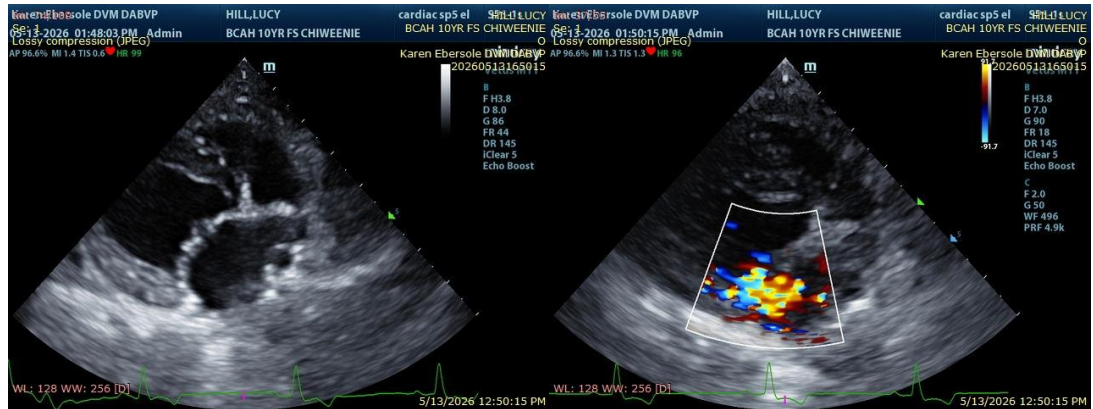
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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