

PATIENT

Cooper House

SPECIES

Canine

BREED

CKCS

SEX

MN

AGE

10 y

WEIGHT

13.85 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

5/14/26

PRESENTING CLINICAL SIGNS

Recheck degenerative valve disease and VPC. Doing well. Receiving pimobendan 5 mg BID.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 11/18/25.

Left atrial size is normal. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. There is Doppler evidence of mitral regurgitation present. 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 leaflets are very mildly thickened, and a very mild jet of tricuspid regurgitation is present. 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 arrhythmia

LA – 33.6 mm (prev. 33.6 mm)
LVIDd – 33.9 mm (prev. 32.7 mm)
LVIDs – 24.5 mm (prev. 20.5 mm)
FS – 27.7% (prev. 37.2%)
RA – 21.3 mm (prev. 20.9 mm)
LVOT – 2.08 m/s (prev. 1.62 m/s)
RVOT – 1.20 m/s (prev. 1.08 m/s)

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Ventricular premature complex (VPC) - historical

This examination demonstrates no progression of Cooper's valvular diseases over the past 6 months. As such, his current risk for the development of left- and/or right-sided congestive heart failure still appears to be low.

No VPCs are seen in today's ECG.

No change in therapy is recommended based on this exam.

A recheck echocardiogram and ECG are recommended in 9 months.



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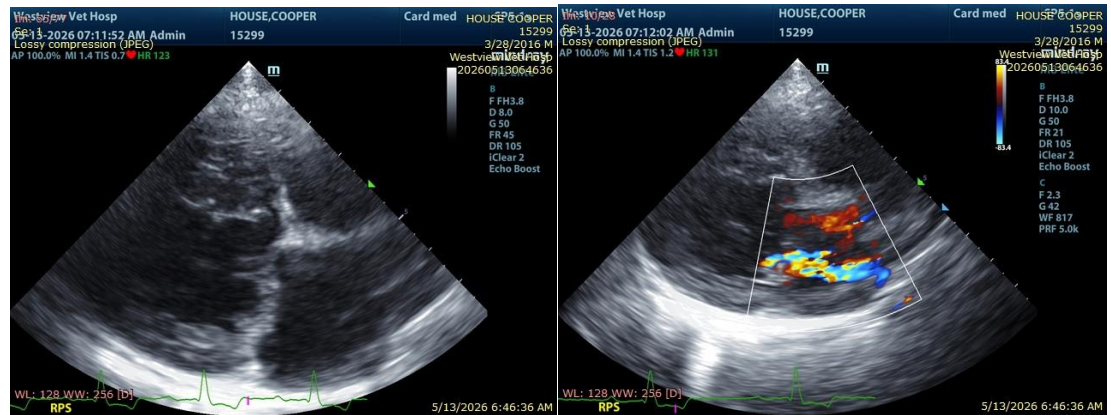
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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