



PATIENT

Sadie Marie Milne

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

10 y

WEIGHT

12.75 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

5/20/26

PRESENTING CLINICAL SIGNS

Radiographs showed mild cardiomegaly.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal, though trivial pulmonic insufficiency is present. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

LA - 30.0 mm
LVIDd - 32.0 mm
LVIDs - 21.7 mm
FS - 33.4%
RA - 23.2 mm
LVOT - 1.85 m/s
RVOT - 1.68 m/s
TR - 1.88 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease - stage B1

This examination demonstrates mild regurgitation of blood across Sadie's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of the regurgitations also appear to be mild, as Sadie does not have secondary dilation of any of her cardiac chambers, and her ventricular systolic function is normal. As such, Sadie's current risk for the development of clinical signs secondary to her valvular diseases, such as coughing, exercise intolerance, syncope, labored breathing, and abdominal distension, appears to be low.

Sadie's cardiovascular risk for general anesthesia is only mildly increased based on this exam, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 25% as precautions.

No therapy is recommended at this stage of Sadie's valvular diseases.

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



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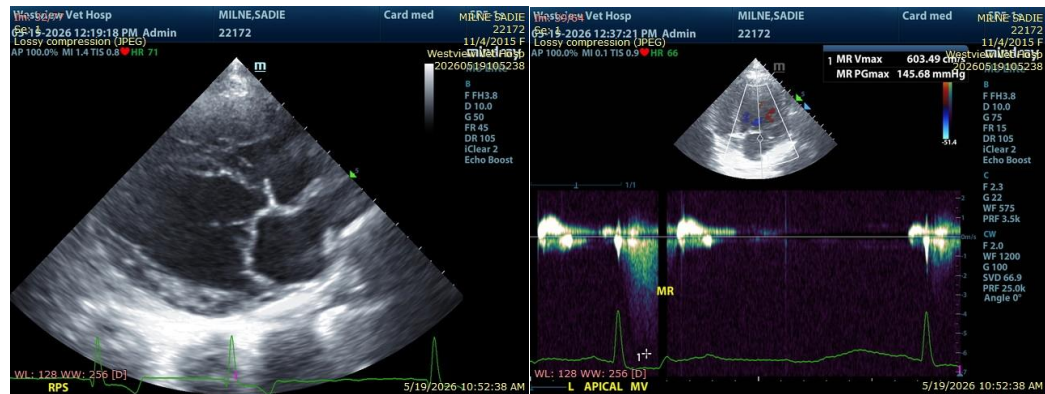
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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