



**PRESENTING CLINICAL SIGNS**

History: Grade 4/6 murmur.

**DATE**

6/22/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Kelly Vazquez

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

**PATIENT**

Bailey Montilla

Left atrial size is normal. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic are normal. 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 are normal. No pericardial effusion or cardiac masses are seen.

LA - 19.7 mm  
LVIDd - 19.6 mm  
LVIDs - 10.5 mm  
FS - 46.4%  
RA - 13.9 mm  
LVOT - 1.49 m/s  
RVOT - 1.27 m/s

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral valve disease

**SPECIES**

Canine

**BREED**

Maltese

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

No therapy is recommended at this stage of disease.

**SEX**

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

**FS**

**AGE**

13 y

**WEIGHT**

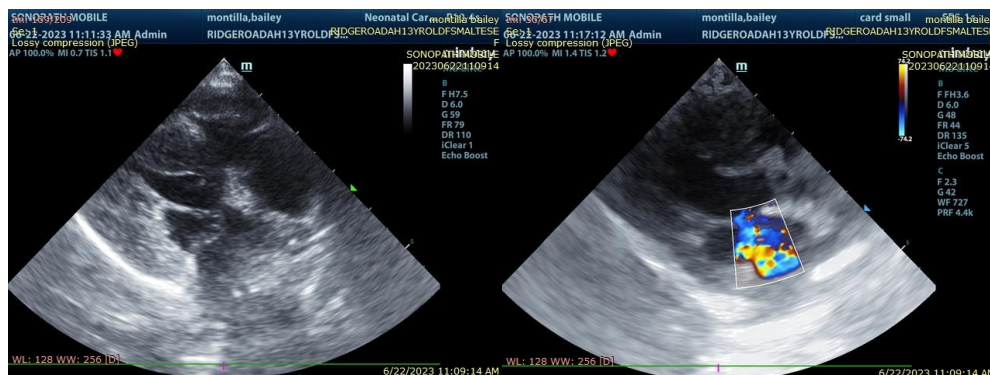
5.4 lb

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**DATE**

6/22/23

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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631-804-5754

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**PATIENT**

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