



## PATIENT

Cana Rivera

## SPECIES

Canine

## BREED

Mixed

## SEX

FI

## AGE

13 y

## WEIGHT

30 lb

## PRESENTING CLINICAL SIGNS

Murmur. Pre-anesthetic evaluation (dental).

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and there is Doppler evidence of mitral regurgitation present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and there is Doppler evidence of tricuspid regurgitation present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 33.8 mm  
LVIDd - 33.6 mm  
LVIDs - 18.0 mm  
FS - 46.4%  
RA - 22.9 mm  
LVOT - 1.07 m/s  
RVOT - 0.93 m/s

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease - stage B1

This examination demonstrates regurgitation of blood across Cana's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of the regurgitations appear to be mild at present, as Cana does not have secondary dilation of any of her cardiac chambers, and her ventricular systolic function is well-preserved. As such, Cana'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.

Cana's cardiovascular risk for general anesthesia appears to be low 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 Cana's valvular diseases.

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

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Vega

## INVOICE

## DATE

6/5/26



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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](mailto:info@SonoPath.com)