



## PATIENT

Tyson Olivo

## SPECIES

Canine

## BREED

American Pit Bull  
Terrier

## SEX

MN

## AGE

9 y

## WEIGHT

56 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Maldonado  
Santiago

## INVOICE

## DATE

6/8/26

## PRESENTING CLINICAL SIGNS

Grade 2/6 left basilar murmur. Previously diagnosed with a functional murmur.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. 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 arrhythmia

LA - 36.5 mm  
IVSd - 9.7 mm  
LVPWd - 9.0 mm  
LVIDd - 36.5 mm  
LVIDs - 21.5 mm  
FS - 41%  
RA - 24.8 mm  
LVOT - 1.95 m/s  
RVOT - 0.96 m/s

## ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease, as trace mitral regurgitation can be considered a normal physiologic variant. Tyson's murmur again appears to be due to the presence of mildly increased flow velocity in his aorta, which is a common reason for a functional/innocent murmur to develop in dogs.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended if the characteristics of Tyson's murmur change, or if other new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction develop.



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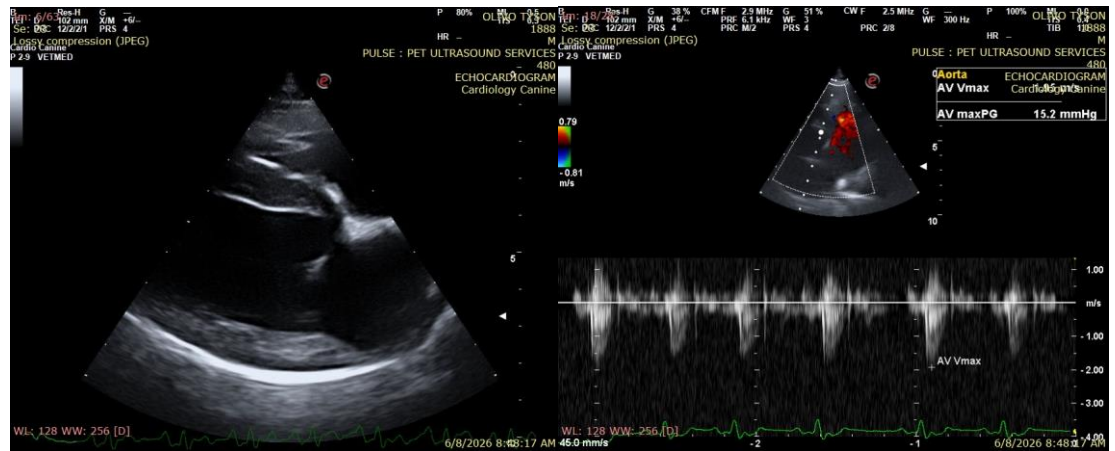
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)