



PRESENTING CLINICAL SIGNS

History: Chronic severe colitis. Regenerative anemia, hypoalbuminemia.

DATE

8/24/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sara Hansen

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

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 mildly hyperdynamic. The aorta and aortic valve 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 shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Sundancer Ferrara

LA - 31.6 mm
LVIDd - 37.2 mm
LVIDs - 26.8 mm
FS - 28%
RA - 23.9 mm
LVOT - 1.36 m/s
RVOT - 1.03 m/s

ASSESSMENT/RECOMMENDATIONS

SPECIES

Canine

BREED

Samoyed

Degenerative mitral valve disease

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

SEX

No therapy is recommended at this stage of disease.

MN

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

AGE

7 y

WEIGHT

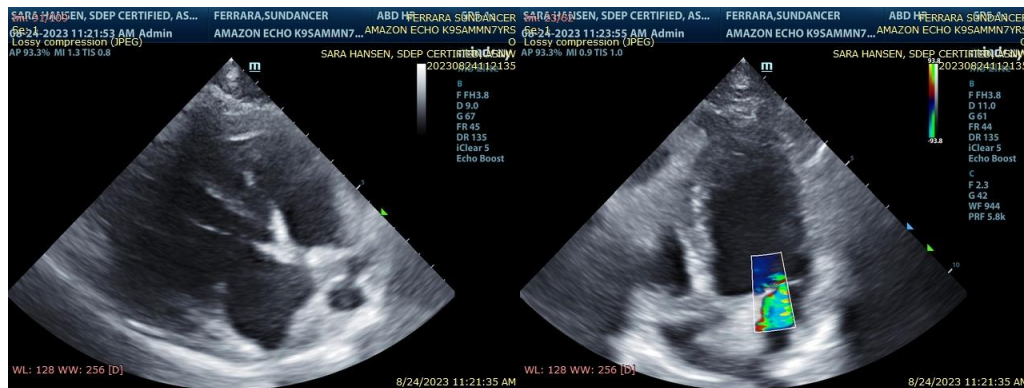
63 lb

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Jones



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.

DATE 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.

8/24/23

PERFORMED BY: Keith Blass, DVM, MS, DACVIM (Cardiology)
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