



**PRESENTING CLINICAL SIGNS**

History: Grade 3/6 systolic murmur.

**DATE**

8/3/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Dr. Ebersole

**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 eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. 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 appears normal, though trace tricuspid regurgitation is present. 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 rhythm

**PATIENT**

Cinnamon Ernst

LA - 26.7 mm  
LVIDd - 26.0 mm  
LVIDs - 13.6 mm  
FS - 47.7%  
RA - 20.2 mm  
LVOT - 1.57 m/s  
RVOT - 1.07 m/s

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral valve disease

**BREED**

CKCS

**SEX**

FS

**AGE**

7 y

**WEIGHT**

15.2 lb

**HOSPITAL NAME**

Scanvet

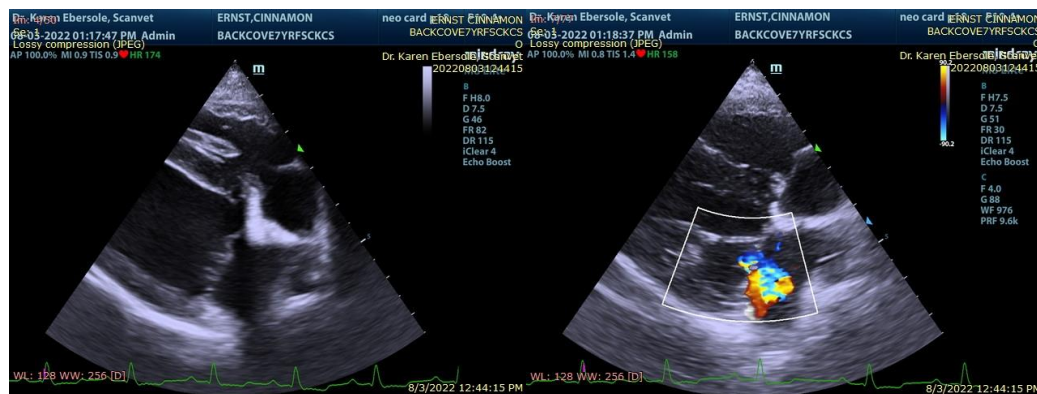
**REFERRING VET**

Dr. Fortin

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

No therapy is recommended at this stage of disease.

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





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**

8/3/22

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.

**PERFORMED BY:**

Dr. Ebersole

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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**PATIENT**

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