

**PATIENT**

Blaze Kosa

**SPECIES**

Canine

**BREED**

Aus Shep/Golden Ret  
Mix

**SEX**

Intact Male

**AGE**

5 Months

**WEIGHT**

35 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Stewart Mtn. View AH

**REFERRING VET**

Dr. Lusk

**INVOICE**

35266

**DATE**

1/7/26

**PRESENTING CLINICAL SIGNS**

History: P presented for echo due to persistent heart murmur since puppy visits. No clinical signs. Please comment on anesthesia risk and best protocol for neuter.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO (M-Mode) | LA/AO (Heart Base; Swe) | FS (%)               | EF (%)                                   | EPSS (cm)                                |
|---------------------------|---------------|---------------|----------------|-------------------------|----------------------|--|--|
| <b>NORMAL PARAMETER</b>   | 4.5-5.5       | <2.7          | 1.3            | Up to 1.6               | 28-40                | 40-100                                   | <0.6                                     |
| <b>PATIENT</b>            | --            | 2.41          | 1.35           | 1.38                    | 33.96                | --                                       | NM                                       |
| CANINE CARDIAC PARAMETERS | HR (BPM)      | AV VMAX (m/s) | PV MAX (m/s)   | BODY WEIGHT (kg)        | LAD LA MAX 4 Chamber | LVIDd Avg; 2D and m-mode short axis (cm) | LVIDs Avg; 2D and m-mode short axis (cm) |
| <b>NORMAL PARAMETER</b>   | 50-100        | 0.7-1.7       | 0.7-1.6        |                         |                      |  |  |
| <b>PATIENT</b>            | --            | 3.18          | 0.9            | 15.9                    | NM                   | 3.18                                     | 2.1                                      |

**Cardiac Presentation**

The mitral valve leaflets are normal and there is no mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size with mild evidence of eccentric tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The pulmonic valve has normal morphology and the corresponding outflow velocities are normal. The aortic valve is trileaflet. There is mild to moderate aortic insufficiency and evidence of mild aortic stenosis. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ULTRASONOGRAPHIC FINDINGS**

- Mild aortic stenosis
- Aortic insufficiency
- Mild tricuspid regurgitation
- Trace pulmonic insufficiency

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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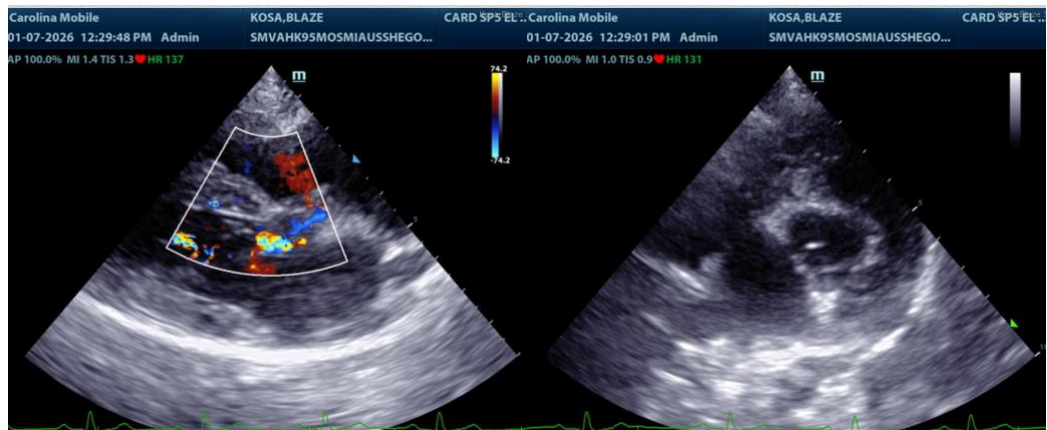
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The patient has evidence of mild aortic versus subaortic stenosis. Since the patient is not full grown, in some cases this condition can progress until patient's are full grown, therefore, recheck echocardiogram is recommended in 6 months. Overall, the patient can undergo anesthesia. Due to the increased turbulence hitting the aortic valve, the patient is at an increased risk for endocarditis, so any elective procedures or anytime bacteremia is suspected, i.e., skin infection, urinary tract infection, etc., prompt antibiotic therapy is recommended (broad spectrum with clavamox versus cephalixin). For elective anesthetic procedures, antibiotics should be given 3-5 days prior perioperatively and postoperatively. The patient is considered low risk for complications, and as long as patient's remain in the mild to moderate category, often go on to live normal lifespans.



**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.

Sara Brethel DVM, DACVIM (Cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)