



PATIENT

Wiggles Lesjak

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

13 y

WEIGHT

6.8 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

DATE

1/16/26

PRESENTING CLINICAL SIGNS

Grade 5/6 murmur. Tachypnea, occasional bilateral pulmonary crackles. Given pimobendan and an injection of furosemide this morning.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is moderate left ventricular dilation. 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. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 29.7 mm
LVIDd - 31.5 mm
LVIDs - 14.4 mm
FS - 54.3%
RA - 14.6 mm
LVOT - 1.39 m/s
RVOT - 0.74 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

This examination demonstrates regurgitation of blood across Wiggles' mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Wiggles has moderate dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. Given these findings, it's likely that Wiggles' labored breathing is due to the development of cardiogenic pulmonary hypertension, though thoracic radiographs are recommended for further evaluation.

Also seen in this exam is thickening of Wiggles' tricuspid valve leaflets. While Doppler evaluation of flow across his tricuspid valve is not present in the study, it's likely that some degree of tricuspid regurgitation is present. If this is the case, the hemodynamic effects of the regurgitation would be mild, as Wiggles does not have secondary dilation of either of his right heart chambers.

Continued use of pimobendan (2.5 mg am, 1.25 mg pm) is warranted based on this exam. If radiographs demonstrate the presence of pulmonary edema and/or Wiggles' respiratory rate/effort improved following his furosemide injection, continued use of the medication (12.5 mg BID) would be warranted, as would therapy with enalapril (2.5 mg BID) and spironolactone (6.25 mg BID).

A renal/electrolyte profile is recommended in 1 week. A recheck echocardiogram is recommended in 6-9 months. Repeat thoracic radiographs are recommended if any time there is suspicion for the development of congestive heart failure.



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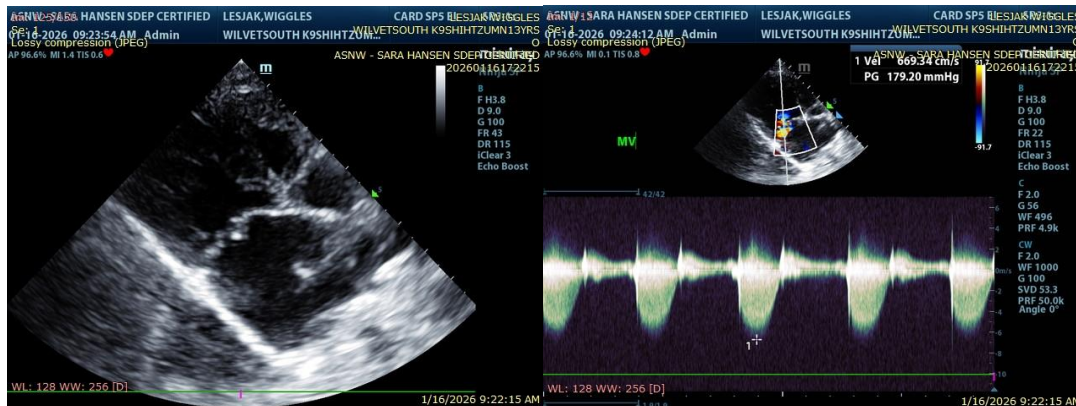
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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