



## PATIENT

Belle Tedesco

## SPECIES

Canine

## BREED

Cavachon

## SEX

FS

## AGE

9 y

## WEIGHT

35 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Farview AC

## REFERRING VET

Dr. Mosaad

## INVOICE

## DATE

1/19/26

## PRESENTING CLINICAL SIGNS

Increased coughing. Radiographs showed cardiomegaly, pulmonary bronchial pattern, and possible effusion caudal to the heart. Receiving pimobendan 2.5 mg BID.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is severe left atrial dilation. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. A severe jet of mitral regurgitation is present. There is severe left ventricular dilation. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 43.8 mmHg). The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 52.6 mm  
LVIDd - 54.7 mm  
LVIDs - 30.6 mm  
FS - 44%  
RA - 22.3 mm  
LVOT - 1.88 m/s  
RVOT - 1.14 m/s  
TR - 3.31 m/s

## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease  
Pulmonary hypertension

This examination demonstrates regurgitation of blood across Belle's mitral and tricuspid valves resulting from degenerative valve disease. Belle's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is significantly more advanced, as Belle has severe mitral regurgitation present, with severe secondary dilation of both her left atrium and left ventricle, as well as mild secondary pulmonary hypertension. Given this, it's very likely that mainstem bronchial compression is contributing to Belle's cough. In addition to coughing, Belle is at high risk for the development of exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these is recommended.

I recommend starting Belle on furosemide (18.75 mg BID) and enalapril (5 mg BID), as well as increasing her pimobendan dose to 5 mg am, 2.5 mg pm, as this should help to improve her cough, as well as delay the onset of other clinical signs of cardiac dysfunction.

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months. Repeat radiographs are recommended if Belle experiences difficulty breathing.



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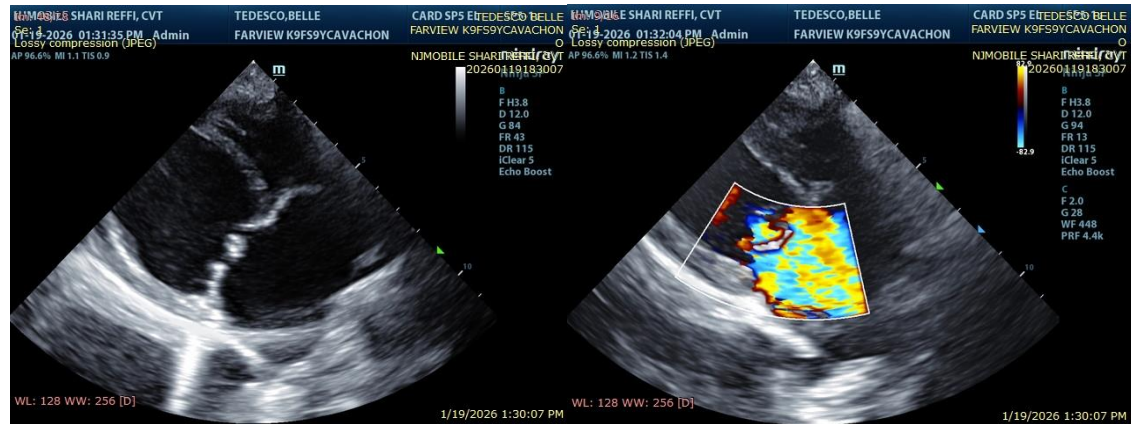
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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