



PATIENT

Precious Blackwell

SPECIES

Canine

BREED

Mixed

SEX

FI

AGE

11 y

WEIGHT

14 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Ginny Dodd, DVM,
DABVP (CFP)

HOSPITAL NAME

Ironton AH

REFERRING VET

Dr. Levine

INVOICE

DATE

1/2/26

PRESENTING CLINICAL SIGNS

History of cardiac disease. BNP 3226 (7287 prior to starting medications). Seen at ER over the holidays for 2 syncopal episodes and increased coughing. Receiving furosemide, enalapril, pimobendan, and spironolactone. Grade 5/6 murmur. Radiographs showed moderate cardiomegaly, possible bronchial collapse.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate to severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A severe jet of eccentric mitral regurgitation is present. There is moderate to severe 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 very mildly thickened, and a very mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. 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.

ECG during echo: Sinus rhythm

LA - 38.7 mm
LVIDd - 38.8 mm
LVIDs - 16.1 mm
FS - 58.5%
RA - 19.3 mm
LVOT - 0.95 m/s
RVOT - 0.67 m/s
TR - 2.29 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

This examination demonstrates regurgitation of blood across Precious's mitral and tricuspid valves resulting from degenerative valve disease. Precious's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Precious has severe mitral regurgitation present, with moderate to severe secondary dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. Given this, it's likely that mainstem bronchial compression is contributing to Precious's cough. It's also possible that her mitral valve disease could be the cause of her syncopal episodes, though a vasovagal reflex and intermittent arrhythmia should also be considered as possible causes. Precious is at fairly high risk for the development of left-sided congestive heart failure, therefore, careful monitoring of her respiratory rate/effort is recommended.

A trial with a higher furosemide dose (increase by ~1 mg/kg/day) is recommended, as this may help to improve Precious's cough, and should her to reduce her risk for syncope secondary to her mitral valve disease. Should this fail to improve her cough, the addition of a cough suppressant may be warranted.

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



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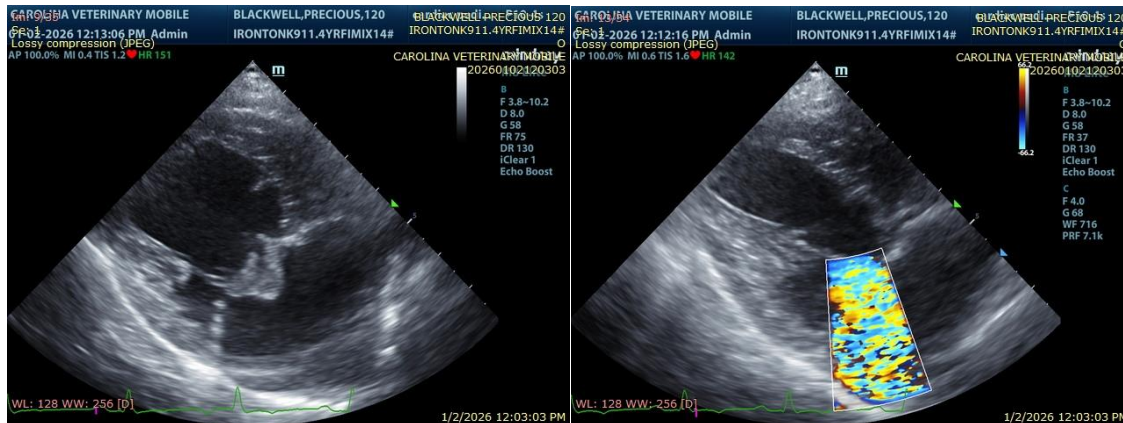
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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