



PATIENT

Lola Quesada

SPECIES

Canine

BREED

Pit Bull Mix

SEX

FS

AGE

7 y

WEIGHT

55-60 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
DACVIM

HOSPITAL NAME

Central VH

REFERRING VET

Dr. Ott

INVOICE

DATE

1/5/26

PRESENTING CLINICAL SIGNS

Severe weight loss. Possible syncopal episodes. Cardiomegaly on radiographs.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are 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 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. Very mild pericardial effusion is present. A questionable mass is seen in the right parasternal long-axis five chamber view, however, this likely represents an oblique view of the right auricle.

LA - 40.0 mm
LVIDd - 41.7 mm
LVIDs - 26.0 mm
FS - 37.6%
RA - 26.4 mm
LVOT - 2.04 m/s
RVOT - 1.15 m/s
TR - 2.56 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease - stage B1

This examination demonstrates mild regurgitation of blood across Lola's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of the regurgitations also appear to be mild, as Lola does not have secondary dilation of any of her cardiac chambers, and her ventricular systolic function is normal. As such, Lola's valvular diseases do not appear to be the cause of her weight loss or possible syncopal episodes, and her current risk for the development of left- and/or right-sided congestive heart failure appears to be low.

Also seen in this exam is very mild pericardial effusion, though a definitive cause of the effusion is not appreciated (there is concern for the presence of a possible mass, however, this is likely a view of the right auricle from an oblique position). As the effusion does not appear to be resulting in cardiac tamponade, it appears unlikely that it is the cause of Lola's possible syncopal episodes, though it could cause them if tamponade develops.

An ECG and/or Holter monitor may be warranted to evaluate for an arrhythmia as a possible cause of Lola's syncopal episodes. A cardiac CT can be considered to further evaluate for the presence of cardiac neoplasia as a possible cause of Lola's pericardial effusion.

No therapy is recommended at this stage of Lola's valvular diseases. As only very mild pericardial effusion is present and no evidence of cardiac tamponade is seen, pericardiocentesis is unlikely to be necessary at this time.

A recheck echocardiogram is recommended in 4 months, sooner if clinical signs compatible with cardiac tamponade (ex. lethargy, weakness, abdominal distension, vomiting, coughing) develop.



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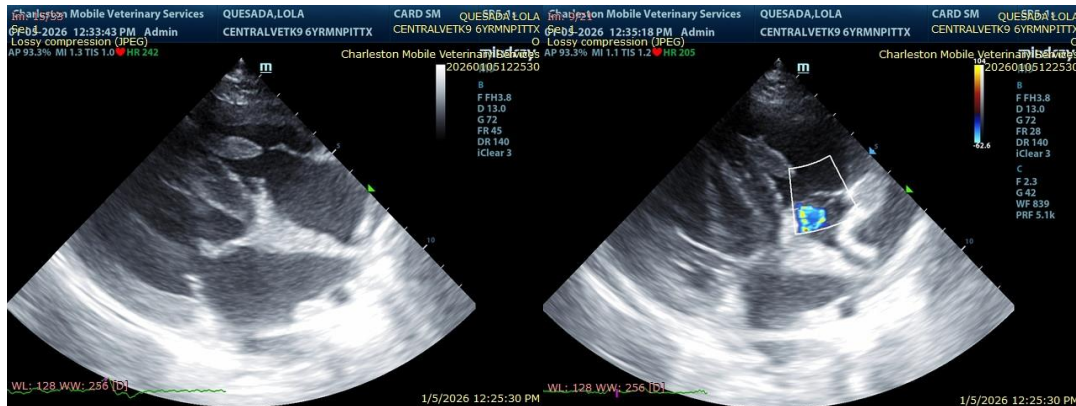
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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