



PATIENT

Buddy Suggs

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

12 y

WEIGHT

20 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Wayland

INVOICE

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Grade II/VI murmur. Respiratory distress. History of collapsing trachea and possible history of Cushing's disease. Treated for presumptive CHF with furosemide, butorphanol, and oxygen, which resulted in improvement. After being transferred, also started on pimobendan, benazepril, Cerenia, Unasyn, and Baytril. Radiographs show a mixed pulmonary pattern with some suspicion of early right middle lobe consolidation, equivocal LA enlargement.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. 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 35.3 mmHg). The pulmonary artery and pulmonic are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 25.8 mm
LVIDd - 24.2 mm
LVIDs - 10.5 mm
FS - 56.6%
RA - 20.4 mm
LVOT - 2.40 m/s
RVOT - 1.50 m/s
TR - 2.97 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 125 bpm
Rhythm: Sinus

Normal sinus rhythm is present throughout this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

This examination demonstrates regurgitation of blood across Buddy's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of the regurgitations appear to be mild, as Buddy does not have secondary dilation of any of his cardiac chambers, and his ventricular systolic function is well-preserved. Given the absence of chamber dilation, specifically left atrial dilation, it appears unlikely that Buddy's difficulty breathing is due to the development of left-sided congestive heart failure, however, I haven't seen his radiographs and can't rule out the presence of cardiogenic pulmonary edema.



PATIENT

Buddy Suggs

Buddy's tricuspid regurgitation velocity is consistent with the presence of mild pulmonary hypertension. Mild pulmonary hypertension is well-tolerated in dogs, though careful monitoring for progression is recommended.

SPECIES

Canine

No abnormalities are appreciated in Buddy's ECG.

BREED

Chihuahua Mix

No therapy is recommended based on Buddy's echocardiogram alone, however, continued use of his current cardiac medications would be warranted if radiographs are consistent with the presence of pulmonary edema, there is an ineffective response to antibiotic therapy, and/or there is significant improvement with cardiac therapy.

SEX

MN

Recheck radiographs are recommended in 24 hours, as pulmonary edema should begin to improve radiographically faster than pneumonia. A renal/electrolyte profile is recommended in 1 week if Buddy's cardiac medications are continued. A recheck echocardiogram is recommended in 6 months.

AGE

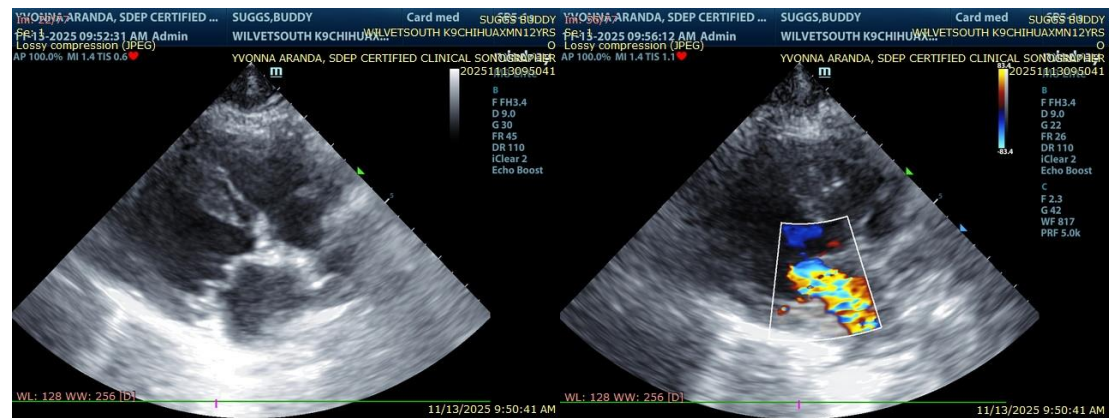
12 y

WEIGHT

20 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)



IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

Wilvet South

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.

REFERRING VET

Dr. Wayland

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)

INVOICE

info@SonoPath.com

DATE

11/14/25