



PATIENT

Frocious Ingram

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

12 y

WEIGHT

50.2 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Clinic Madison
Mayodan

REFERRING VET

Dr. McKinlay

INVOICE

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Presented for increased respiratory effort. Radiographs showed pleural effusion. Thoracocentesis removed ~600ml of fluid. Started on diltiazem.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is severe left atrial dilation. The mitral valve leaflets are mildly thickened, and a severe jet of mitral regurgitation is present. There is moderate left ventricular dilation. 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 is consistent with the presence of moderate pulmonary hypertension (PG 68.6 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. Mild peritoneal effusion is present.

A paroxysm of ventricular tachycardia occurred during the echocardiogram.

LA - 60.5 mm
LVIDd - 50.8 mm
LVIDs - 32.3 mm
FS - 36.4%
RA - 29.3 mm
LVOT - 1.36 m/s
RVOT - 0.66 m/s
TR - 4.14 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 142 bpm
Rhythm: Sinus with APCs and VPCs

The underlying rhythm is sinus in origin. The MEA is normal. All complex amplitudes and intervals are within normal limits. There are intermittent single APCs present, as well as rare monomorphic left-sided VPCs. No conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension
Atrial/Ventricular premature complexes (APCs/VPCs)

This examination demonstrates regurgitation of blood across Frocious's mitral and tricuspid valves resulting from degenerative valve disease. Frocious has severe mitral regurgitation present, with severe secondary dilation of her left atrium and moderate dilation of her left ventricle, though her left ventricular systolic function is normal. Given this, Frocious is at high risk for the development of left-sided congestive heart failure. Her tricuspid valve disease is much milder, however, Frocious's tricuspid regurgitation velocity is consistent with the presence of moderate pulmonary hypertension, and I



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suspect that the pulmonary hypertension has resulted in the development of right-sided congestive heart failure as the cause of Frocious's pleural and peritoneal effusions. Her pulmonary hypertension also puts her at risk for the development of exercise intolerance and syncope.

SPECIES

Canine

Frocious's ECG demonstrates the presence of intermittent APCs and rare VPCs, however, the ECG recorded during her echocardiogram shows a paroxysm of ventricular tachycardia. Similar to Frocious's pulmonary hypertension, this puts her at risk for exercise intolerance and syncope, and the presence of ventricular tachycardia indicates that she is also at risk for sudden death.

BREED

Mixed

Recommended therapy for Frocious's valvular diseases and pulmonary hypertension includes furosemide (50 mg BID), enalapril (10 mg BID), pimobendan (7.5 mg am, 5 mg pm), spironolactone (25 mg BID), and sildenafil (40 mg TID). Recommended therapy for Frocious's ventricular arrhythmia is mexiletine (150 mg TID with food). As only single APCs are present, therapy with diltiazem does not appear to be necessary at this time, though it would be if a supraventricular tachycardia or atrial fibrillation develop. Consideration can also be given to giving Frocious an omega-3 supplement.

SEX

FS

Avoidance of any strenuous activity is recommended, as this could worsen Frocious's arrhythmia.

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12 y

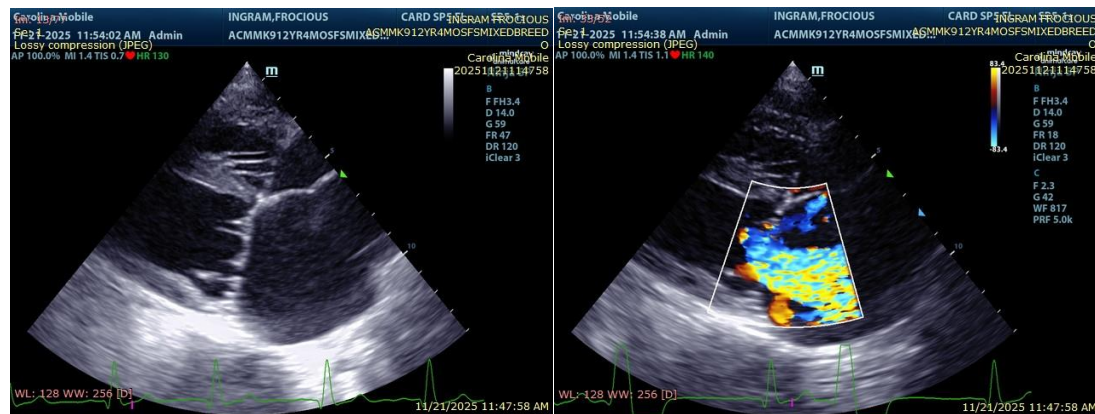
Thoracic radiographs, a renal/electrolyte profile, and a recheck ECG are recommended in 2 weeks. A recheck echocardiogram is recommended in 6 months.

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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.

REFERRING VET

Dr. McKinlay

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.

INVOICE

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