



## PATIENT

Nox Bordadagu

## SPECIES

Canine

## BREED

Aussie

## SEX

MN

## AGE

10 y

## WEIGHT

25.5 kg

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Amanda Stewart

## HOSPITAL NAME

Burford VH

## REFERRING VET

Dr. Richards

## INVOICE

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

Grade II-III/VI murmur. Arrhythmia. Progressive cough with exercise and first thing in the morning. HW negative.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is severe left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. 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. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 55.5 mm  
LVIDd - 51.9 mm  
LVIDs - 31.3 mm  
FS - 39.7%  
RA - 21.6 mm  
LVOT - 1.88 m/s  
RVOT - 0.77 m/s

## ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 180 bpm average  
Rhythm: Atrial fibrillation

The underlying rhythm is rapid and irregular. There are no discernible P waves, consistent with atrial fibrillation. The MEA is normal. All complex amplitudes and intervals are within normal limits. No ventricular ectopy is seen.

## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease  
Atrial fibrillation

Nox's echocardiogram demonstrates regurgitation of blood across his mitral and tricuspid valves resulting from degenerative valve disease. He has severe mitral regurgitation present, with severe secondary dilation of his left atrium and moderate dilation of his left ventricle. In addition, Nox has developed atrial fibrillation secondary to his left atrial dilation. Given these findings, it's likely that mainstem bronchial compression is contributing to Nox's cough, and he is at high risk for the development of exercise intolerance, syncope, and labored breathing. Nox's tricuspid valve disease is much milder, however, dogs with atrial fibrillation are at risk for the development of right-sided congestive heart failure, therefore, careful monitoring for pleural and/or peritoneal effusion formation is recommended.

I recommend starting Nox on furosemide (25 mg BID), enalapril (12.5 mg BID), and pimobendan (7.5 mg am, 5 mg pm), as these medications should help to improve his cough, as well as delay the onset of



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congestive heart failure. Recommended initial therapy for Nox's atrial fibrillation is diltiazem (30 mg TID), with the goal of therapy being a reduction of his average in-hospital heart rate to less than ~145 bpm.

**SPECIES**

Canine

A recheck ECG and renal/electrolyte profile are recommended in 2 weeks. A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Nox's cough worsens, or if he experiences labored breathing.

**BREED**

Aussie

**SEX**

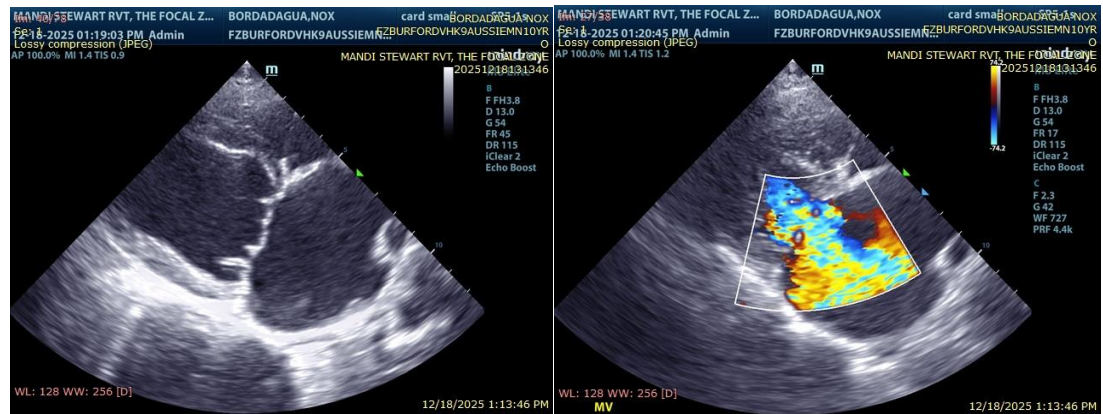
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

**IMAGING PERFORMED BY**

Amanda Stewart

[info@SonoPath.com](mailto:info@SonoPath.com)

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