



PATIENT

Baxter Stender

SPECIES

Canine

BREED

Min. Pinschner

SEX

MN

AGE

11 y

WEIGHT

14 lb

PRESENTING CLINICAL SIGNS

Grade 4-5/6 left apical systolic murmur. Rads WNL.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is present. There is moderate 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 mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of moderate pulmonary hypertension (PG 53.9 mmHg). The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

LA – 37.0 mm
 LVIDd – 38.5 mm
 LVIDs – 17.5 mm
 FS – 54.5%
 RA – 20.5 mm
 LVOT – 1.61 m/s
 RVOT – 0.90 m/s
 TR – 3.67 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
 DACVIM (Cardiology)

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 144 bpm
 Rhythm: Sinus

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
 LVT, RVT

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.

HOSPITAL NAME

VCA Lakeside AH

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

REFERRING VET

This examination demonstrates regurgitation of blood across Baxter's mitral and tricuspid valves resulting from degenerative valve disease. Baxter's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Baxter has moderate mitral regurgitation present, with moderate secondary dilation of both his left atrium and left ventricle, as well as moderate secondary pulmonary hypertension. Given this, Baxter is at moderately increased risk for the development of clinical signs, such as coughing, exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these signs is recommended.

INVOICE

DATE

12/22/25

No abnormalities are appreciated in Baxter's ECG.

I recommend starting Baxter on pimobendan (2.5 mg am, 1.25 mg pm) and sildenafil (10 g am, 5 mg pm), as the former should help to slow the progression of his valvular diseases, while the latter will treat his



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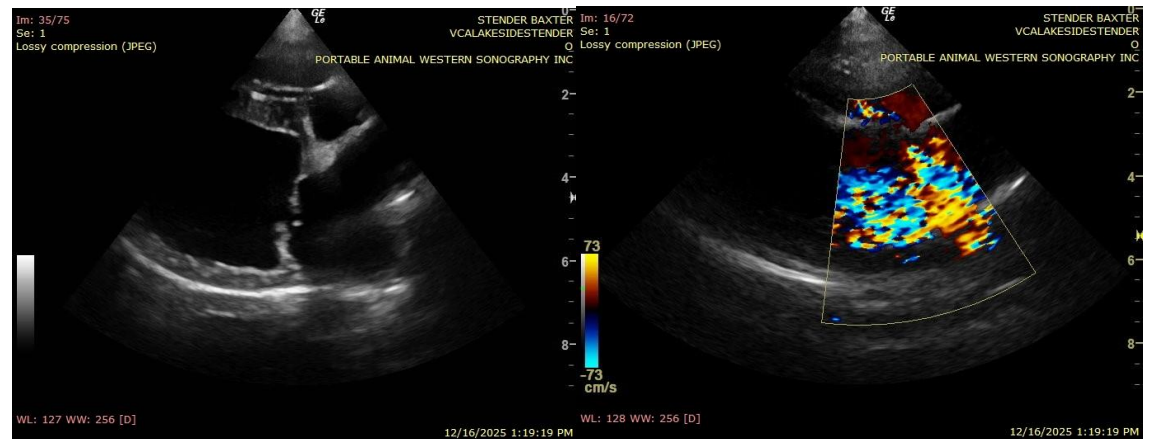
INVOICE

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pulmonary hypertension.

A recheck echocardiogram is recommended in ~6 months to monitor for disease progression. Thoracic radiographs are recommended if Baxter experiences respiratory clinical signs.



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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