



PATIENT

Tia McDiarmid

SPECIES

Canine

BREED

Havanese

SEX

FS

AGE

15 y

WEIGHT

3.54 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Manes

INVOICE

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History of degenerative valve disease. Over the past two days, coughing has increased and increased respiratory rate/effort has developed. Also wobbly on feet when walking. Grade 5/6 murmur, pulmonary crackles bilaterally, harsher in the right caudal lung lobe. BUN 35. Radiographs showed moderate left-sided cardiomegaly, dynamic mainstem bronchial narrowing, and an alveolar infiltrate in the right middle lung lobe. Currently receiving furosemide, enalapril, pimobendan, Unasyn/Baytril.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A severe jet of eccentric mitral regurgitation is present. There is moderate to severe 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 appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

LA - 36.4 mm
LVIDd - 33.6 mm
LVIDs - 14.4 mm
FS - 57%
RA - 16.9 mm
LVOT - 1.59 m/s
RVOT - 0.74 m/s
TR - 2.44 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

This examination demonstrates severe regurgitation of blood across Tia's mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Tia has severe dilation of her left atrium and moderate to severe dilation of her left ventricle, though her left ventricular systolic function is well-preserved. Given the severity of her disease, as well as the presence of bilateral pulmonary crackles, it's very likely that Tia is experiencing an episode of left-sided congestive heart failure, though her radiographic description of an alveolar infiltrate in her right middle lung lobe indicates that concurrent aspiration pneumonia should also be considered.

If Tia was already receiving furosemide prior to her current episode of labored breathing, an increase in her dose by 2 mg/kg/day is recommended (though more aggressive therapy may be needed in the hospital at first unless Tia's respiratory effort begins to improve). If she was just started on furosemide, a maintenance dose of ~2 mg/kg BID would be warranted. Continued use of pimobendan and enalapril is warranted based on this exam, as is therapy with spironolactone (~1 mg/kg BID).

Recheck radiographs and a renal/electrolyte profile are recommended in 24-48 hours. A recheck echocardiogram is recommended in 6-9 months.



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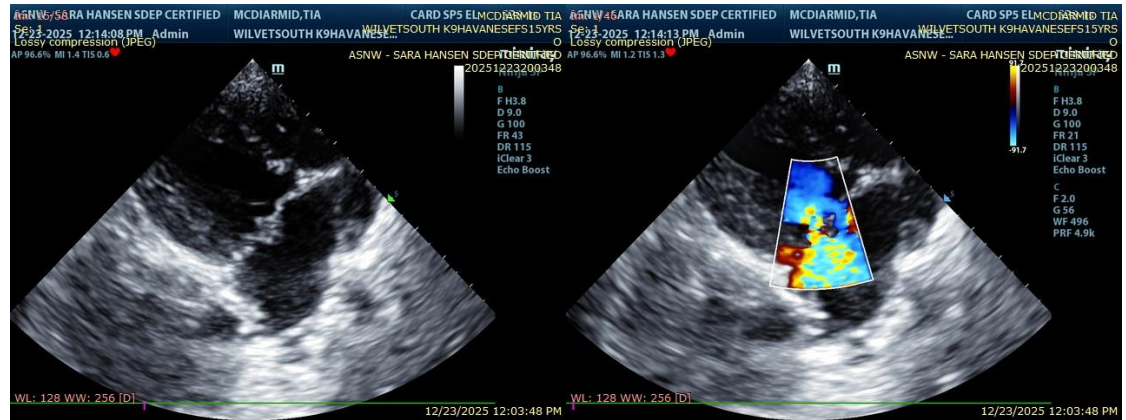
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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