



## PATIENT

Milly Loisel

## SPECIES

Canine

## BREED

Mixed

## SEX

FS

## AGE

10 y

## WEIGHT

43 lb

## PRESENTING CLINICAL SIGNS

BNP 2571. BUN 35, Cr 1.2. Proteinuria. BP 150-160. Possible murmur. Receiving Proin, benazepril 20 mg BID, galliprant, gabapentin, and Adequan.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 9/23/24.

There is mild to moderate left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A moderate jet of mitral regurgitation is present. There is mild 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 is normal. The pulmonary artery and pulmonary valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 50.6 mm

LVIDd - 47.8 mm

LVIDs - 30.5 mm

FS - 36%

RA - 32.0 mm

LVOT - 1.62 m/s

RVOT - 1.26 m/s

## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B2

This examination demonstrates moderate regurgitation of blood across Milly's mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Milly has mild to moderate dilation of her left atrium and mild dilation of her left ventricle, though her left ventricular systolic function is well-preserved. Given this, Milly is at mildly to moderately increased risk for the development of clinical signs secondary to her mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these signs is recommended.

I recommend starting Milly on pimobendan (5 mg BID), as this medication should help to slow the progression of her mitral valve disease. As Proin increases cardiac afterload and can increase blood pressure and heart rate, Milly would ideally receive an alternative medication as a precaution.

A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended if Milly experiences respiratory clinical signs.

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Karen Ebersole, DVM,  
DABVP

## HOSPITAL NAME

Scanvet

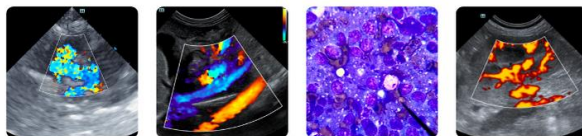
## REFERRING VET

Dr. Durand

## INVOICE

## DATE

12/3/25



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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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