



PATIENT

Mouse Chasteen

SPECIES

Canine

BREED

Pomeranian

SEX

MI

AGE

10 y

WEIGHT

2.8 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Hovenden

INVOICE

DATE

12/8/25

PRESENTING CLINICAL SIGNS

Grade 4/6 murmur. Radiographs showed left-sided cardiomegaly, concern for CHF and bronchitis, tracheal/mainstem bronchial narrowing, and scant pleural effusion. Receiving furosemide 6.25 mg BID and pimobendan 0.94 mg BID.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is mild to moderate left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta, as well as mild aortic insufficiency. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

LA - 20.7 mm
LVIDd - 23.5 mm
LVIDs - 8.7 mm
FS - 62.8%
RA - 11.7 mm
LVOT - 2.87 m/s
RVOT - 0.82 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

This examination demonstrates regurgitation of blood across Mouse's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Mouse has mild dilation of his left atrium and mild to moderate dilation of his left ventricle, though his left ventricular systolic function is well-preserved. As only mild left atrial dilation is present, it would be a bit surprising if Mouse has developed cardiogenic pulmonary edema, however, I would believe this is the case if he is experiencing an increased respiratory effort that improves with furosemide, as well as an improvement of the pulmonary interstitial infiltrate noted in his radiographs. The narrowing of Mouse's mainstem bronchi in his radiographs is unlikely to be due to compression by his left atrium.

Continued use of pimobendan is warranted based on this exam. Continued use of furosemide would be warranted if the medication has resulted in clinical/radiographic improvement. If furosemide is continued, the addition of enalapril (1.25 mg BID) would be warranted.

Recheck radiographs are recommended in 24 hours. A renal/electrolyte profile is recommended in 1-2 weeks if furosemide and enalapril are to be used long-term. A recheck echocardiogram is recommended in 6-9 months.



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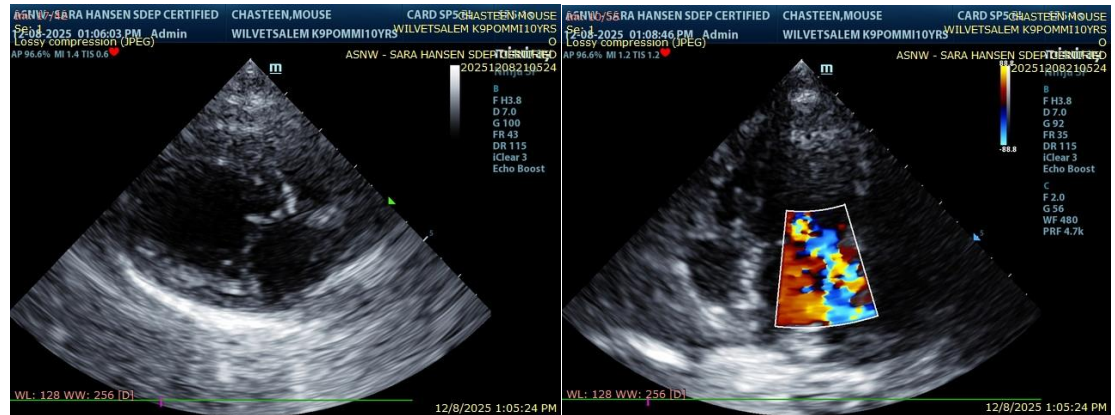
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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