



## PATIENT

Kibo Thomas

## SPECIES

Canine

## BREED

Labrador Mix

## SEX

MI

## AGE

6 y

## WEIGHT

29.5 kg

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Amanda Stewart

## HOSPITAL NAME

Holliday VH

## REFERRING VET

Dr. Minardi

## INVOICE

## DATE

2/25/26

## PRESENTING CLINICAL SIGNS

Grade 3-4/6 right basilar systolic murmur. Irregular rhythm, weak pulses. Four-to-five day history of frequent, brief syncopal episodes with rapid recovery that are exacerbated by excitement, activity, and anxiety. Reported grape ingestion 3 days ago. Started on pimobendan 5 mg BID. FAST scan showed subjectively decreased ventricular contractility with chamber dilation.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

The left atrium is mildly underfilled. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. The left ventricle is underfilled. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. There is moderate right atrial and right ventricular dilation. The tricuspid valve leaflets are mildly thickened, and a moderate jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of severe pulmonary hypertension (PG 82.8 mmHg). There is flattening of the interventricular septum. The pulmonary artery and pulmonic valve appear normal, though there is mildly increased flow velocity in the distal main pulmonary artery. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 28.3 mm  
LVIDd - 22.9 mm  
LVIDs - 11.2 mm  
FS - 51%  
RA - 44.8 mm  
LVOT - 1.23 m/s  
RVOT - 2.18 m/s  
TR - 4.55 m/s

## ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 140 bpm  
Rhythm: Sinus

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.

## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease  
Pulmonary hypertension

This examination demonstrates regurgitation of blood across Kibo's mitral and tricuspid valves resulting from degenerative valve disease. Kibo's mitral valve disease is mild, and appears to be well-compensated at this time. His tricuspid valve disease is more advanced, as Kibo has moderate tricuspid regurgitation present. Perhaps more importantly, the velocity of Kibo's tricuspid regurgitation is consistent with the presence of severe pulmonary hypertension. Secondary to the two diseases, Kibo has moderate dilation of both his right atrium and right ventricle, while secondary to the pulmonary hypertension alone, Kibo has underfilling of his left heart chambers and flattening of his interventricular



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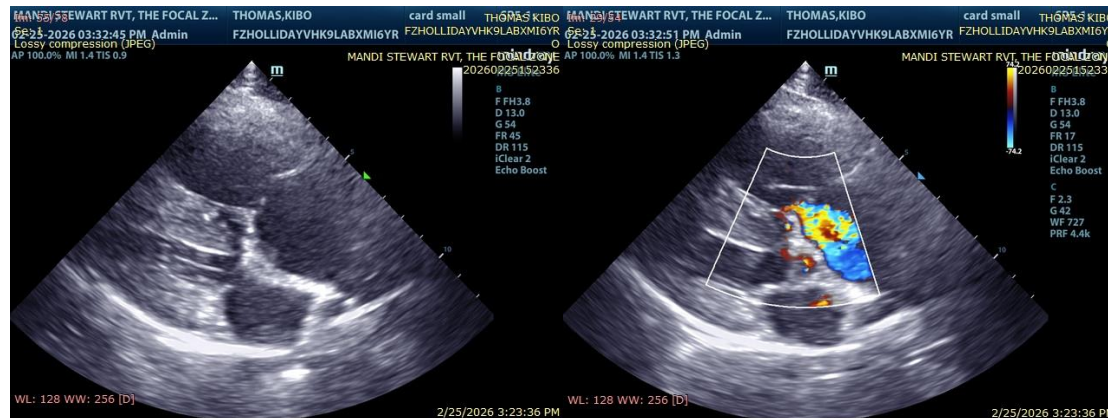
2/25/26

septum. Kibo's pulmonary hypertension is very likely the cause of his syncopal episodes, and he is also at risk for the development of exercise intolerance and right-sided congestive heart failure, therefore, careful monitoring for these is recommended.

No abnormalities are appreciated in Kibo's ECG.

Continued use of pimobendan is warranted based on this exam, though I recommend increasing Kibo's dose to 7.5 mg BID. Recommended initial therapy for Kibo's pulmonary hypertension is sildenafil (40 mg TID).

A recheck echocardiogram is recommended in 6 months.



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.

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