



PATIENT

Nova Quigley

SPECIES

Canine

BREED

Barbet

SEX

MN

AGE

7 y

WEIGHT

63.5 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sager-Gellerman

INVOICE

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Previously diagnosed with DCM in September 2025. Was lethargic at time of diagnosis, but showed marked improvement after starting pimobendan 7.5 mg BID. Sedated for echo with butorphanol and dexmedetomidine.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is severely depressed. 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 shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus bradycardia

LA - 42.1 mm
LVIDd - 47.1 mm
LVIDs - 41.7 mm
FS - 11.5%
RA - 24.4 mm
LVOT - 1.15 m/s
RVOT - 0.72 m/s

ASSESSMENT/RECOMMENDATIONS

Dilated cardiomyopathy (DCM)

This examination again demonstrates severe depression of Nova's left ventricular systolic function, though how much of the depression is secondary to dexmedetomidine versus how much is due to true myocardial dysfunction is difficult to say. As Nova does not have dilation of his left atrium in today's exam, his current risk for the development of left-sided congestive heart failure appears to be low, though his risk for exercise intolerance, syncope, and arrhythmia formation is higher, and careful monitoring for these is recommended.

As no progressive changes are seen in today's exam, no change in therapy is recommended at this time. Avoidance of strenuous activity is recommended.

A recheck echocardiogram (in the absence of dexmedetomidine) is recommended in 6 months. Thoracic radiographs are recommended if Nova experiences respiratory clinical signs.



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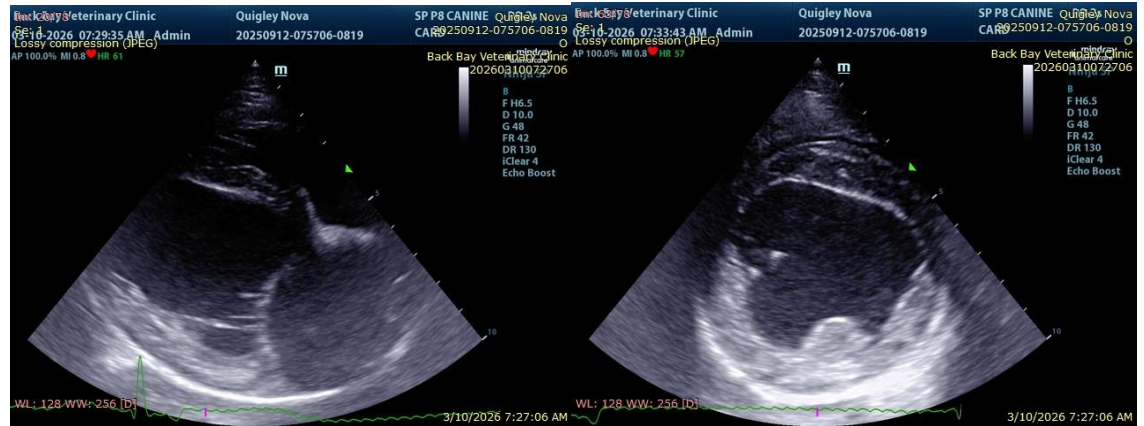
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@SonoPath.com