

PATIENT

HoneyBlue Gonzalez

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

7 y

WEIGHT

11.2 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Vine VH

REFERRING VET

Dr. Beeson

INVOICE

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Presented for dyspnea. Radiographs showed cardiomegaly.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

The left atrium is 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 appear normal, though there is mildly increased flow velocity in the ascending aorta. There is mild right atrial and right ventricular dilation. The tricuspid valve leaflets are thickened, and a moderate jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of severe pulmonary hypertension (PG 131 mmHg). There is flattening of the interventricular septum. The main pulmonary artery and pulmonic valve are normal. There is dilation of the right main branch pulmonary artery. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 17.1 mm
LVIDd - 13.8 mm
LVIDs - 5.7 mm
FS - 58.7%
RA - 21.1 mm
LVOT - 0.85 m/s
RVOT - 1.03 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

This examination demonstrates regurgitation of blood across HoneyBlue's mitral and tricuspid valves resulting from degenerative valve disease. HoneyBlue's mitral valve disease appears to be mild, and it does not appear that she has developed cardiogenic pulmonary edema as the cause of her dyspnea. Her tricuspid valve disease is more advanced, as HoneyBlue has moderate tricuspid regurgitation present, with mild secondary dilation of both her right atrium and right ventricle. More importantly, HoneyBlue's tricuspid regurgitation velocity is consistent with the presence of severe pulmonary hypertension. It's very likely that her pulmonary hypertension is contributing to her dyspnea, though consideration should also be given to an underlying cause of HoneyBlue's pulmonary hypertension, such as respiratory disease (there are some bronchial markings in her radiographs) as a contributor as well. HoneyBlue's pulmonary hypertension puts her at high risk for the development of exercise intolerance, syncope, and right-sided congestive heart failure, therefore, careful monitoring for these is recommended.

Recommended therapy for HoneyBlue's pulmonary hypertension is sildenafil (10 mg TID), while recommended therapy for her tricuspid valve disease is pimobendan (1.25 mg BID). Continued use of furosemide (10 mg BID) would be warranted if evidence of right-sided congestive heart failure (peritoneal and/or pleural effusion) is present.

A recheck echocardiogram is recommended in 4 months.



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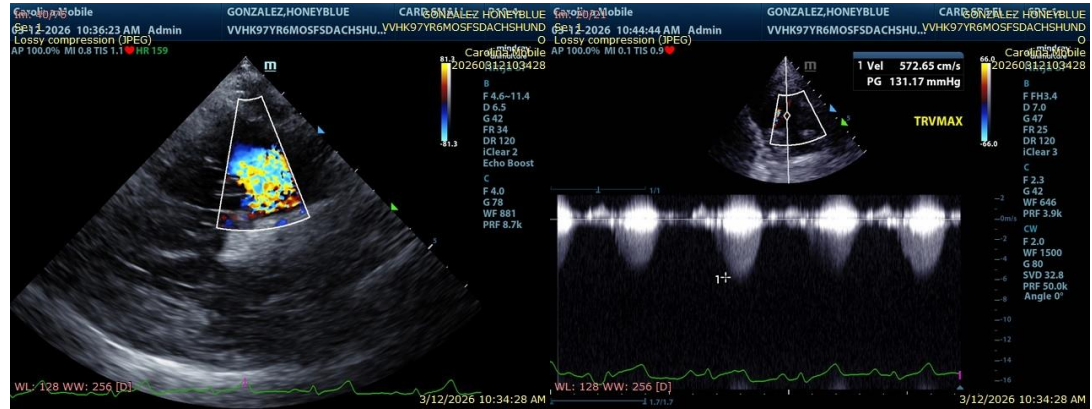
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@SonoPath.com