



PATIENT

Sasha Langsdorf

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

12 y

WEIGHT

12.4 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

INVOICE

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Grade 3/6 murmur. Coughing. Cardiomegaly. Receiving hydrocodone.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate to severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate to severe jet of mitral regurgitation is present. There is moderate to severe left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are thickened, and a moderate jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of moderate pulmonary hypertension (PG 56.9 mmHg). The pulmonary artery and pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 34.2 mm
LVIDd - 34.7 mm
LVIDs - 18.2 mm
FS - 47.6%
RA - 16.9 mm
LVOT - 1.20 m/s
RVOT - 0.96 m/s
TR - 3.77 mm/s

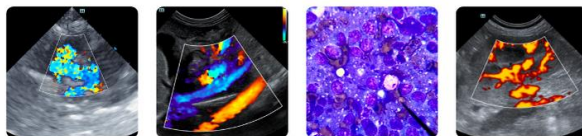
ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

This examination demonstrates regurgitation of blood across Sasha's mitral and tricuspid valves resulting from degenerative valve disease. Sasha's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Sasha has moderate to severe mitral regurgitation present, with moderate to severe secondary dilation of both her left atrium and left ventricle. As well as moderate secondary pulmonary hypertension. Given these findings, it's possible that mainstem bronchial compression could be contributing to Sasha's cough. In addition to coughing, Sasha is at relatively high risk for the development of exercise intolerance, syncope, and/or labored breathing, therefore, careful monitoring for these is recommended.

I recommend starting Sasha on pimobendan (2.5 mg am, 1.25 mg pm) and sildenafil (10 mg am, 5 mg pm), as the former should help to slow the progression of her valvular diseases, while the latter will treat her pulmonary hypertension. If Sasha's cough persists, a trial with furosemide (6.25 mg BID) can be considered.

A renal/electrolyte profile is recommended in 1-2 weeks if furosemide is started. A recheck echocardiogram is recommended in 6 months. Recheck radiographs are recommended if Sasha experiences difficulty breathing.



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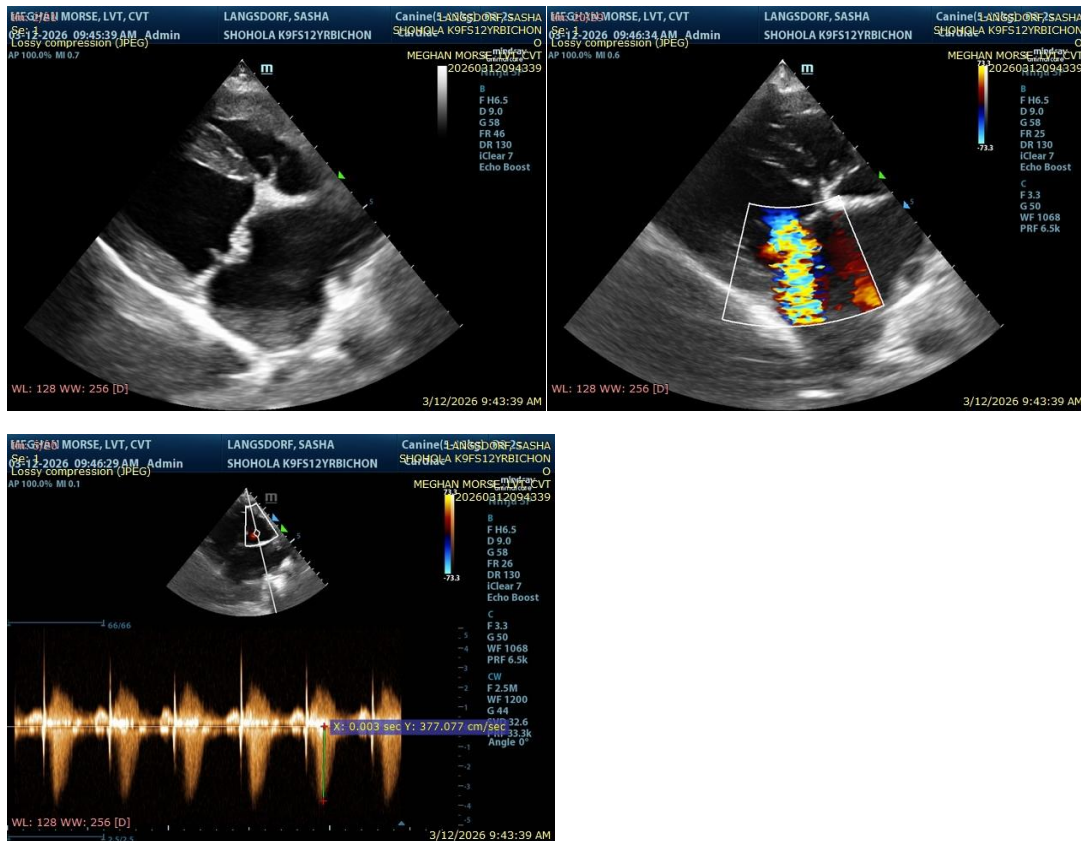
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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