



PATIENT

Odie McCracken

SPECIES

Canine

BREED

CKCS

SEX

MN

AGE

10 y

WEIGHT

28.8 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Cruz

INVOICE

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Grade III/VI murmur. Dyspneic, pale mm, pendulous abdomen.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate to severe left atrial dilation. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. A moderate to severe jet of eccentric mitral regurgitation is present. There is moderate 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 mildly thickened, and a mild to moderate jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of low-moderate pulmonary hypertension (PG 51.8 mm). The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen. A small volume of peritoneal effusion is visible.

ECG during echo: Sinus rhythm

LA - 46.8 mm

LA/Ao - 2.27

LVIDd - 41.7 mm

LVIDs - 20.8 mm

FS - 50.1%

RA - 23.5 mm

LVOT - 0.85 m/s

RVOT - 0.62 m/s

TR - 3.60 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

Pulmonary hypertension

This examination demonstrates regurgitation of blood across Odie's mitral and tricuspid valves resulting from degenerative valve disease. Odie has moderate to severe mitral regurgitation present, with moderate to severe secondary dilation of his left atrium and moderate dilation of his left ventricle, as well as low-moderate secondary pulmonary hypertension. Given this, I am concerned that Odie's dyspnea could be due to the development of left-sided congestive heart failure, and thoracic radiographs are recommended to evaluate for the presence of pulmonary edema. Odie's tricuspid valve disease is milder, as he does not have secondary dilation of either of his right heart chambers. Given the absence of right atrial dilation, as well as the absence of more significant pulmonary hypertension, it's unclear whether Odie's peritoneal effusion could be the result of the development of right-sided congestive heart failure.

Recommended therapy based on this exam (assuming that CHF is present) includes furosemide (25 mg BID), enalapril (5 mg BID), pimobendan (5 mg am, 2.5 mg pm), spironolactone (12.5 mg BID), and sildenafil (20 mg am, 10 mg pm).

A renal/electrolyte profile +/- recheck radiographs is recommended in 1 week. A recheck echocardiogram is recommended in 6 months.



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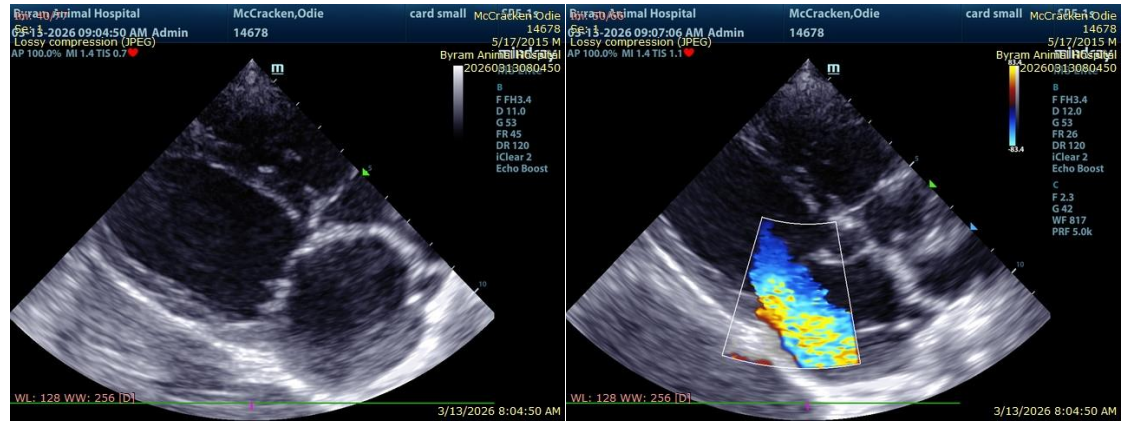
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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