



## PATIENT

Linda Taggart

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

F

## AGE

12 y

## WEIGHT

11 lb

## PRESENTING CLINICAL SIGNS

Grade IV/VI left-sided murmur. Pre-anesthetic evaluation (dental).

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. There is borderline mild 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 jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 40 mmHg). The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

LA - 26.7 mm

LVIDd - 25.8 mm

LVIDs - 12.4 mm

FS - 51.9%

RA - 15.7 mm

LVOT - 0.92 m/s

RVOT - 0.70 m/s

TR - 3.19 m/s

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease  
Pulmonary hypertension

## IMAGING PERFORMED BY

Amanda Crook, SDEP

## HOSPITAL NAME

River's Edge PMC

## REFERRING VET

Dr. Young

## INVOICE

## DATE

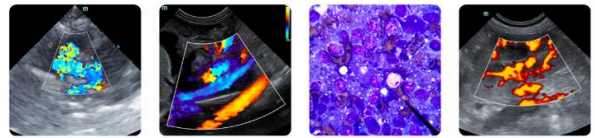
3/16/26

This examination demonstrates regurgitation of blood across Linda's mitral and tricuspid valves resulting from degenerative valve disease. Linda's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is a bit more advanced, as Linda has mild to moderate mitral regurgitation present, with mild secondary dilation of her left atrium and borderline mild dilation of her left ventricle, though her left ventricular systolic function is well-preserved. As only mild left atrial dilation is present, Linda's current risk for the development of clinical signs secondary to her mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended going forward.

Linda's tricuspid regurgitation velocity is consistent with the presence of mild pulmonary hypertension. Mild pulmonary hypertension is well-tolerated in dogs, though careful monitoring for progression is recommended.

Linda's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 25% and pre-oxygenating Linda for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

I recommend starting Linda on pimobendan (1.25 mg BID), as this medication should help to slow the progression of her valvular diseases, as well as decrease her risk for anesthesia. No therapy is



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recommended for Linda’s pulmonary hypertension at this time.

A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Linda experiences respiratory clinical signs.

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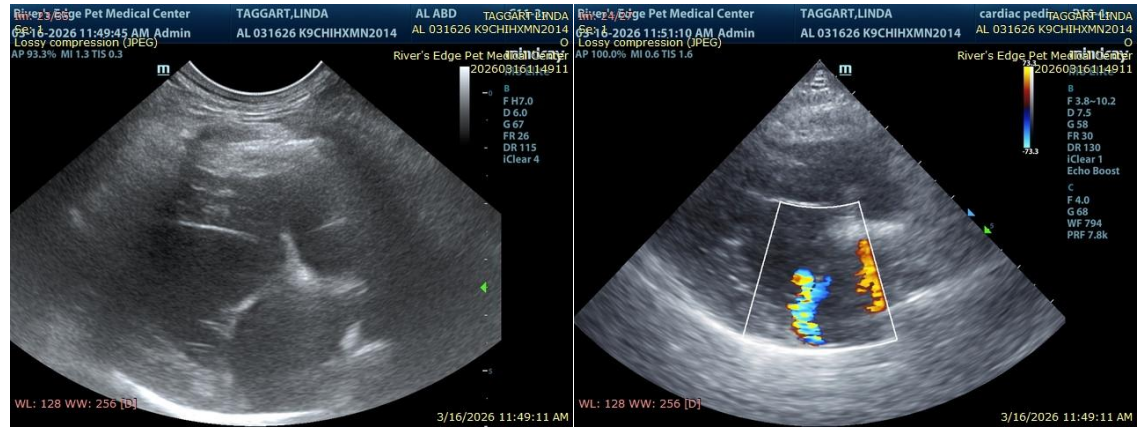
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)

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