



PATIENT

Lya Caballero

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

13 y

WEIGHT

13 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Fernandez

INVOICE

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Murmur. Experienced syncope on 12/24/25 and 1/1/26. Lethargic, minimal exercise. Receiving pimobendan.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. 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 appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia with occasional VPCs

LA - 28.1 mm
LVIDd - 24.3 mm
LVIDs - 12.1 mm
FS - 50.2%
RA - 13.8 mm
LVOT - 1.24 m/s
RVOT - 1.15 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease
Ventricular premature complexes (VPCs)

This examination demonstrates regurgitation of blood across Lya's mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Lya has mild dilation of her left atrium, though her left ventricular dimensions are normal, and her left ventricular systolic function is well-preserved. As only mild left atrial dilation is present, it's unlikely that Lya's syncope episodes were secondary to her mitral valve disease, and it does not appear to be the cause of her lethargy and minimal exercise. Lya's current risk for the development of left-sided congestive heart failure appears to be relatively low, though careful monitoring of her respiratory rate/effort is recommended going forward.

The absence of measurable tricuspid or pulmonic insufficiency prevents a quantitative assessment of Lya's pulmonary artery pressure from being made, though there are no changes seen in this exam that would suggest the presence of relevant pulmonary hypertension.

Lya's ECG demonstrates the presence of occasional VPCs. The arrhythmia seen in the recording is too mild to be able to result in syncope, lethargy, or exercise intolerance, however, if it is more severe intermittently, it could potentially be a contributor. As for Lya's syncope episodes, consideration should also be given to a vasovagal reflex as a possible cause.

Consideration can be given to placement of a Holter monitor to evaluate Lya's arrhythmia over a much longer time period.

Continued use of pimobendan is warranted based on this exam. Lya's arrhythmia appears to be too mild



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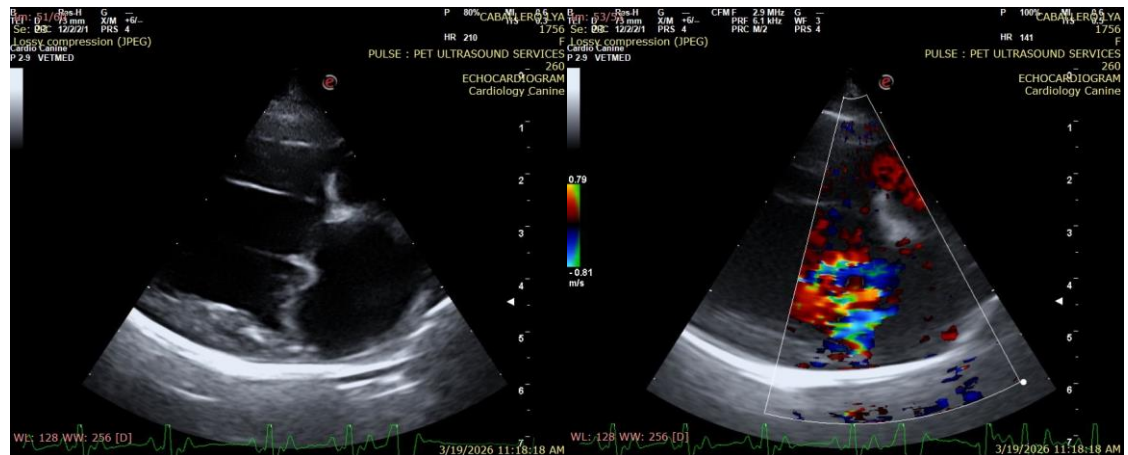
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to warrant specific antiarrhythmic therapy, though you can start her on an omega-3 supplement, as it has been shown to possess some antiarrhythmic effect in dogs. Avoidance of high intensity activity is recommended given the presence of an arrhythmia.

A recheck echocardiogram and ECG are recommended in 6 months.



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