



PATIENT

Jorja Alechnowicz

SPECIES

Canine

BREED

Labrador Mix

SEX

FS

AGE

11 y

WEIGHT

72 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Van Binsbergen

INVOICE

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Presented to ER for vomiting, diarrhea, and coughing. Grade 4/6 murmur. TFAST – subjective cardiomegaly +/- small volume pleural effusion. ECG showed rare VPCs. Started on pimobendan 10 mg BID and Cerenia. Pimobendan reduced to 7.5 mg BID due to PU/PD.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. 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. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA – 53.4 mm
LVIDd – 49.5 mm
LVIDs – 29.2 mm
FS – 41%
RA – 29.1 mm
LVOT – 1.18 m/s
RVOT – 0.72 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral (stage B1/B2) and tricuspid (stage B1) valve disease

This examination demonstrates regurgitation of blood across Jorja's mitral and tricuspid valves resulting from degenerative valve disease. Jorja'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 Jorja has mild to moderate mitral regurgitation present, with mild secondary 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, Jorja's recent cough does not appear to be cardiogenic in origin. Her 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.

No VPCs are seen in the ECG accompanying Jorja's echocardiogram.

Continued use of pimobendan is warranted based on this exam. Polyuria/polydipsia is not an expected possible side effect of pimobendan in the absence of concurrent diuretic therapy, though the medication can't be ruled out as a possible cause of Jorja's PU/PD. Given that some VPCs were seen in Jorja's ER ECG, avoidance of strenuous activity is recommended.

A recheck echocardiogram and ECG are recommended in 6 months.



PATIENT

Jorja Alechnowicz

SPECIES

Canine

BREED

Labrador Mix

SEX

FS

AGE

11 y

WEIGHT

72 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

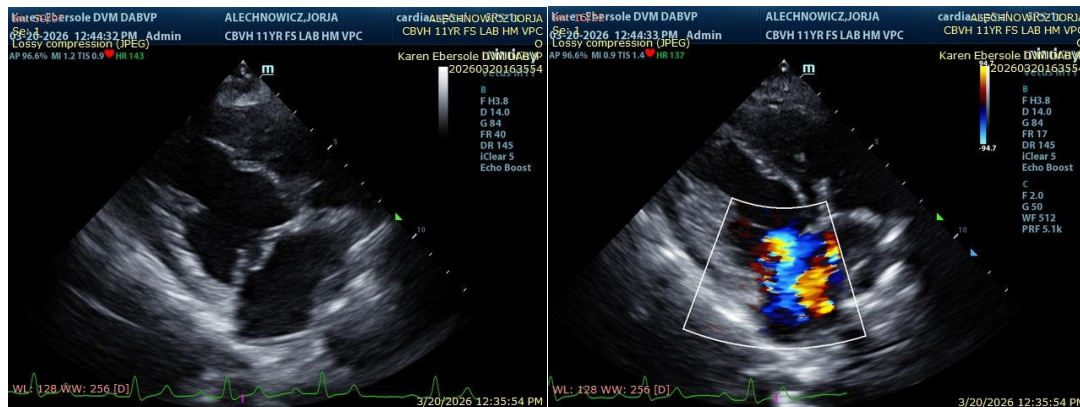
REFERRING VET

Dr. Van Binsbergen

INVOICE

DATE

3/23/26



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