



PATIENT

May Shields

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

10 y

WEIGHT

4.3 kg

PRESENTING CLINICAL SIGNS

Grade 4/6 murmur. Suspected syncope. Pre-anesthetic evaluation (dental).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

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

ECG during echo: Sinus rhythm

LA - 28.6 mm
LVIDd - 29.5 mm
LVIDs - 14.1 mm
FS - 52.2%
RA - 16.4 mm
LVOT - 1.17 m/s
RVOT - 0.70 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

ASSESSMENT/RECOMMENDATIONS

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

This examination demonstrates regurgitation of blood across May's mitral and tricuspid valves resulting from degenerative valve disease. May's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as May has moderate mitral regurgitation present, with mild to moderate secondary dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. Given this, it's possible that May's mitral valve disease could be the cause of her syncopal episodes, though consideration should also be given to pulmonary hypertension, an arrhythmia, and a vasovagal reflex as possible causes. May's current risk for the development of other clinical signs secondary to her mitral valve disease, such as coughing, exercise intolerance, and labored breathing, is mildly to moderately increased, therefore, careful monitoring for these is recommended.

May's cardiovascular risk for general anesthesia is mildly to moderately increased based on this exam, therefore, 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 50% and pre-oxygenating May 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 May on pimobendan (1.25 mg BID), as this medication should help to slow the progression of her valvular diseases, reduce her risk for syncope secondary to her mitral regurgitation, and reduce her risk for anesthesia.

An ECG and/or Holter monitor is recommended if May experiences additional syncopal episodes. A

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. MacFarlane

INVOICE

DATE

4/1/26



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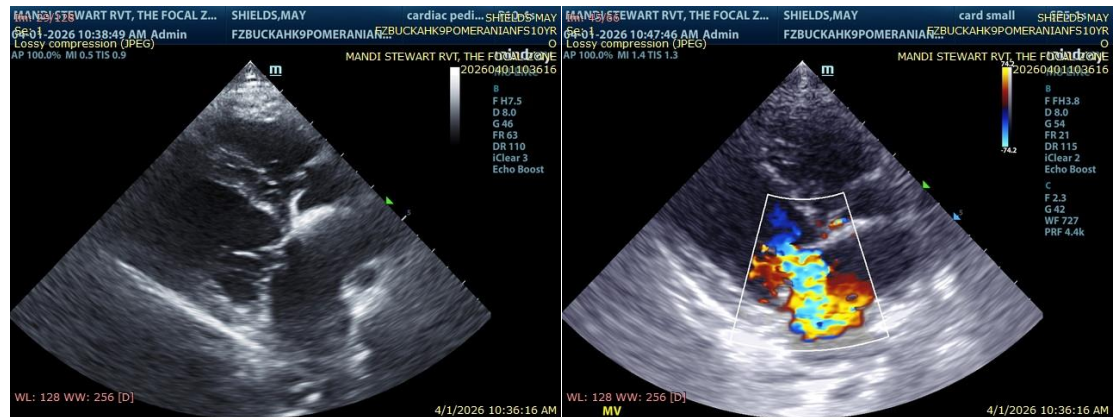
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recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if May experiences respiratory clinical signs.



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