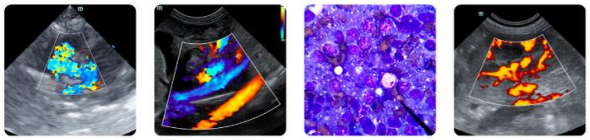


PATIENT
Luffy Khalsa

SPECIES
Canine

BREED
Maltese

SEX
MN

AGE
12 y

WEIGHT
5.1 lb

INTERPRETED BY
Keith Blass, DVM, MS, DACVIM (Cardiology)

IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
Farview AC

REFERRING VET
Dr. Thomas

INVOICE

DATE
4/13/26

PRESENTING CLINICAL SIGNS

Grade 6/6 murmur. Cough, difficulty breathing, bleeding from nose. Given a single dose of furosemide 4 mg and pimobendan 0.625 mg this morning.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate to severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A severe jet of eccentric mitral regurgitation is present. There is moderate to severe left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though very mild aortic insufficiency is present. 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 36 mmHg). The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA – 32.2 mm
LA/Ao – 2.43
LVIDd – 34.2 mm
LVIDs – 15.7 mm
FS – 54%
RA – 14.0 mm
LVOT – 0.86 m/s
RVOT – 0.72 m/s
TR – 3.00 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

This examination demonstrates regurgitation of blood across Luffy's mitral and tricuspid valves resulting from degenerative valve disease. Luffy's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Luffy has severe mitral regurgitation present, with moderate to severe secondary dilation of both his left atrium and left ventricle, as well as mild secondary pulmonary hypertension. Given this, Luffy is at fairly high risk for the development of left-sided congestive heart failure, therefore, this should be considered as a likely cause of his coughing/labored breathing. In addition to respiratory clinical signs, Luffy is at risk for the development of exercise intolerance, syncope, and arrhythmia formation, therefore, careful monitoring for these is recommended.

Thoracic radiographs are recommended to further evaluate Luffy's respiratory clinical signs.

Continued use of pimobendan (0.625 mg BID) is warranted based on this exam. Should radiographs demonstrate the presence of cardiogenic pulmonary edema, continued use of furosemide (5 mg BID, though more frequent dosing may be needed initially) would be warranted, as would therapy with enalapril (1.25 mg BID) and spironolactone (6.25 mg SID). No therapy is recommended for Luffy's pulmonary hypertension at this time. Should the blood coming from Luffy's nose be due to the presence of severe pulmonary edema causing ruptured alveoli, temporary usage of an arteriolar dilator, such as

PATIENT

Luffy Khalsa

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

12 y

WEIGHT

5.1 lb

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Thomas

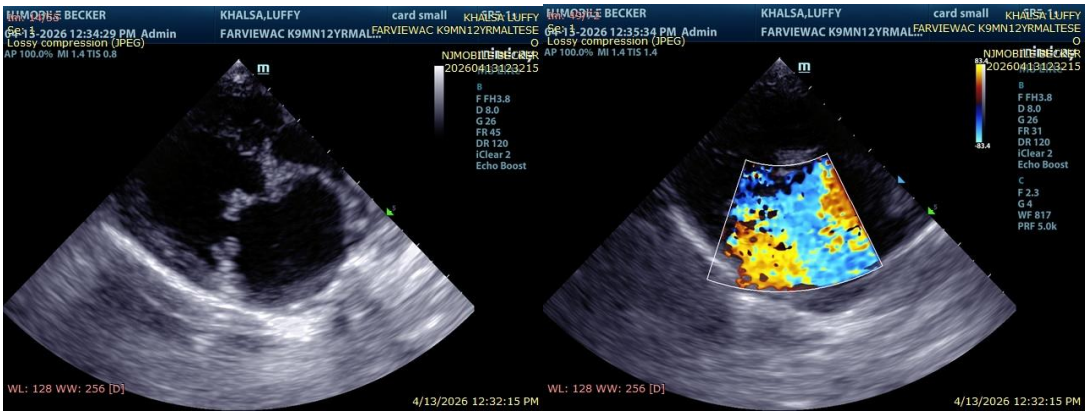
INVOICE

DATE

4/13/26

nitroprusside or hydralazine may be warranted, though, if not available, amlodipine may be given.

Recheck radiographs and a renal/electrolyte profile are recommended in 48 hours. A recheck echocardiogram is 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