

## PATIENT

Lolo Matta

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

MN

## AGE

12 y

## WEIGHT

17.4 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Cruz

## INVOICE

## DATE

5/15/26

## PRESENTING CLINICAL SIGNS

New murmur. Has had a non-expectorating cough for a few weeks that has increased in frequency. Currently receiving pimobendan 2.5 mg BID and prednisone. Pre-anesthetic evaluation.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is borderline mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is borderline mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though mild aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and there is Doppler evidence of tricuspid regurgitation present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

LA - 28.5 mm  
LVIDd - 29.0 mm  
LVIDs - 14.1 mm  
FS - 51.4%  
RA - 15.4 mm  
LVOT - 0.99 m/s  
RVOT - 0.63 m/s  
TR - 2.47 m/s

## ASSESSMENT/RECOMMENDATIONS

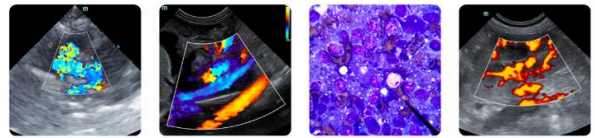
Degenerative mitral and tricuspid valve disease

This examination demonstrates regurgitation of blood across Lolo's mitral and tricuspid valves resulting from degenerative valve disease. Lolo's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is slightly more advanced, as Lolo has borderline mild secondary dilation of both his left atrium and left ventricle. As only borderline mild left heart chamber dilation is present, Lolo's cough does not appear to be cardiogenic in origin (there does appear to be evidence of tracheal collapse in his radiographs), and his current risk for the development of other clinical signs secondary to his mitral valve disease, such as exercise intolerance, syncope, and labored breathing, appears to be relatively low.

No change in Lolo's pimobendan dose is recommended based on this exam.

Lolo'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 in the anesthetic protocol, as well as reducing the IV fluid rate by 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

A recheck echocardiogram is recommended in 9 months. Recheck radiographs are recommended if Lolo experiences difficulty breathing.



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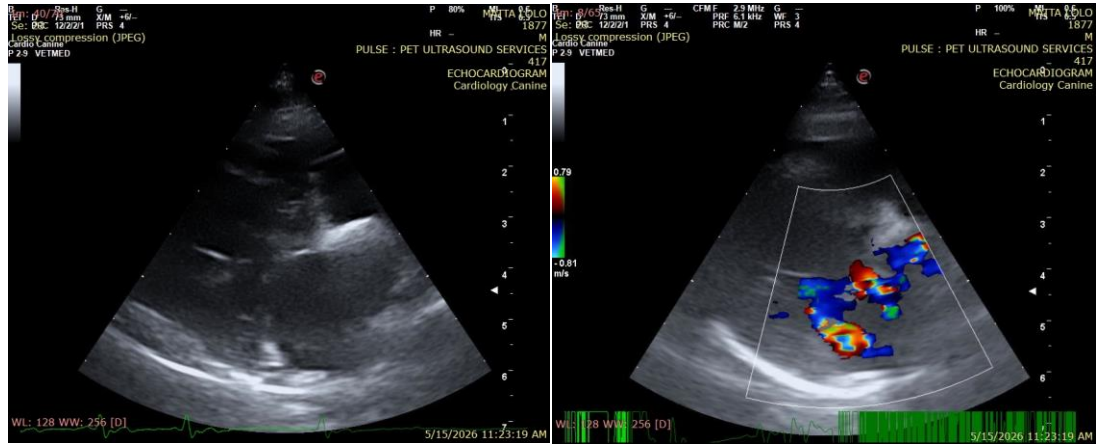
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)