



PATIENT

Winston Alicea

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

10 y

WEIGHT

13 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

DATE

5/18/26

PRESENTING CLINICAL SIGNS

Diagnosed with cardiac disease ~1 month ago and prescribed pimobendan and furosemide. Presented today for heavy breathing and restlessness. Previous history of heartworm disease. HW negative one month ago. PE – grade 6/6 murmur, bilateral pulmonary crackles. BUN 45.1. Radiographs showed cardiomegaly and a pulmonary infiltrate concerning for cardiogenic pulmonary edema.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

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

ECG during echo: Sinus rhythm with a single APC

LA – 37.5 mm
LVIDd – 37.6 mm
LVIDs – 19.0 mm
FS – 49.5%
RA – 19.5 mm

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 166 bpm
Rhythm: Sinus

Sinus tachycardia is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Atrial premature complex (APC)

This examination demonstrates regurgitation of blood across Winston's mitral and tricuspid valves resulting from degenerative valve disease. Winston's tricuspid valve disease is mild, as evidenced by his absence of secondary right heart chamber dilation. His mitral valve disease is more advanced, as Winston has mild to moderate secondary dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. Given the presence of mild to moderate left heart chamber dilation, it doesn't come as too much of a surprise that Winston's radiograph report suggests that he is experiencing an episode of left-sided congestive heart failure.

While the submitted ECG demonstrates no abnormalities, a single APC was seen in the ECG recording during Winston's echocardiogram. Mild atrial arrhythmias are well-tolerated in dogs, though careful



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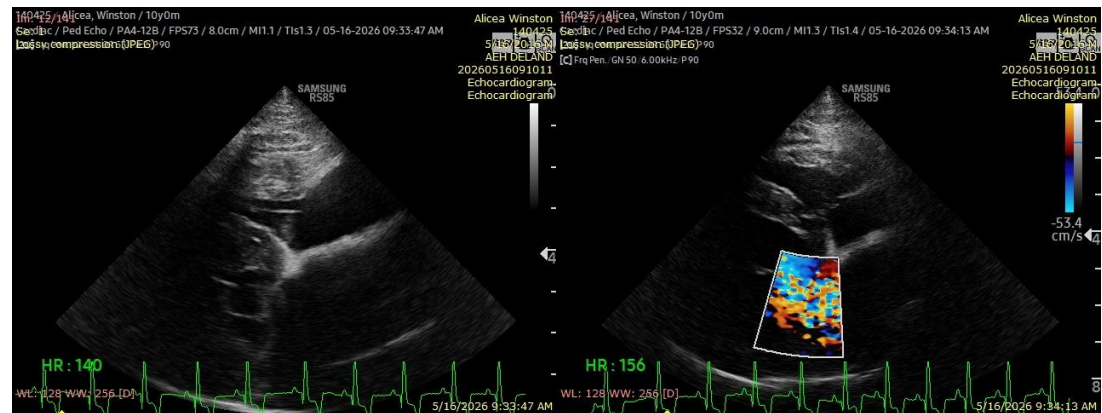
DATE

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monitoring for progression is recommended.

Given Winston's radiographic findings, I recommend increasing his total daily furosemide dose by 2 mg/kg. Continued use of pimobendan (5 mg am, 2.5 mg pm) is warranted based on this exam, as is therapy with enalapril (5 mg BID) and spironolactone (12.5 mg BID). No therapy is recommended for Winston's arrhythmia at this time.

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week. 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