



PATIENT

Taz Scott

SPECIES

Canine

BREED

Australian Shepherd

SEX

FS

AGE

12 y

WEIGHT

44.6 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Whitesell

INVOICE

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Grade III/VI murmur. Breathing issues. History of upper airway disease (suspected laryngeal paralysis). Prior radiographs showed mild cardiomegaly and mild tracheal collapse.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. A moderate jet of mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though trace 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. 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 - 41.5 mm
LVIDd - 44.0 mm
LVIDs - 28.2 mm
FS - 35.9%
RA - 19.1 mm
LVOT - 2.04 m/s
RVOT - 0.82 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

This examination demonstrates regurgitation of blood across Taz's mitral and tricuspid valves resulting from degenerative valve disease. Taz'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 Taz has moderate mitral regurgitation present, with mild secondary dilation of both her left atrium and left ventricle, though her left ventricular systolic function is normal. As only mild left heart chamber dilation is present, Taz's current risk for the development of left-sided congestive heart failure appears to be relatively low, though, I suspect that her breathing issues are not cardiogenic in origin, however, updated radiographs may be warranted to rule out the presence of pulmonary edema. Taz's current risk for the development of other clinical signs secondary to her mitral valve disease, such as coughing, exercise intolerance, and syncope, appears to be fairly low.

I recommend starting Taz on pimobendan (5 mg BID), as this medication should help to slow the progression of her valvular diseases. No additional therapy is recommended based on Taz's echocardiogram, however, a trial with furosemide (40 mg BID) may be warranted if radiographs suggest the presence of pulmonary edema.

A recheck echocardiogram is recommended in 6-9 months to monitor for disease progression.



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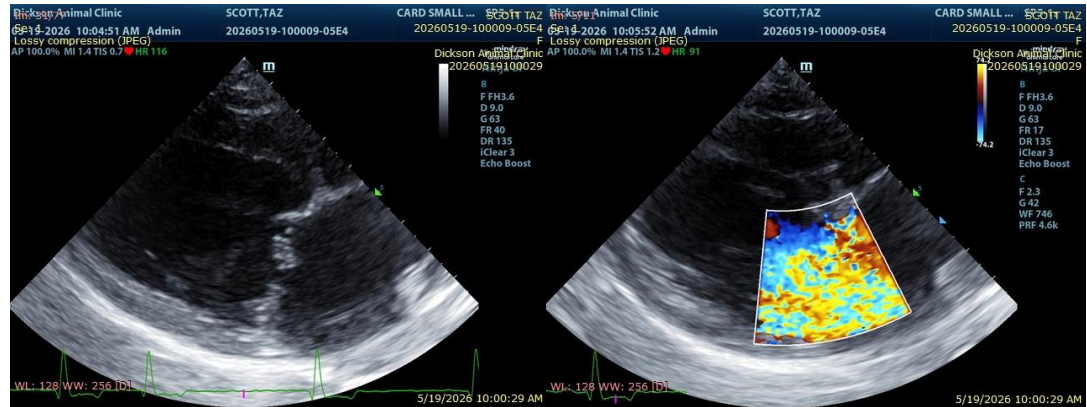
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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