



PATIENT

Poppy Claudio

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

12 y

WEIGHT

14.2 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Vega

INVOICE

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Persistent dry cough, mostly during the night. Radiographs showed cardiomegaly.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is 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

LA - 31.8 mm
LVIDd - 31.0 mm
LVIDs - 12.8 mm
FS - 58.7%
RA - 16.3 mm
LVOT - 1.13 m/s
RVOT - 0.94 m/s

ASSESSMENT/RECOMMENDATIONS

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

This examination demonstrates regurgitation of blood across Poppy's mitral and tricuspid valves resulting from degenerative valve disease. Poppy's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Poppy has moderate secondary dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. While it's unlikely that Poppy's left atrial is enlarged enough to be a primary contributor to his cough, he is at moderately increased risk for the development of clinical signs, such as exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these is recommended.

Poppy's cardiovascular risk for general anesthesia is 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 Poppy 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 Poppy on pimobendan (2.5 mg am, 1.25 mg pm), as this medication should help to slow the progression of his valvular diseases, as well as decrease his risk for general anesthesia. If Poppy's cough is significant enough to warrant therapy, a cough suppressant is recommended.

A recheck echocardiogram is recommended in 6-9 months. Recheck thoracic radiographs are recommended if Poppy experiences labored breathing.



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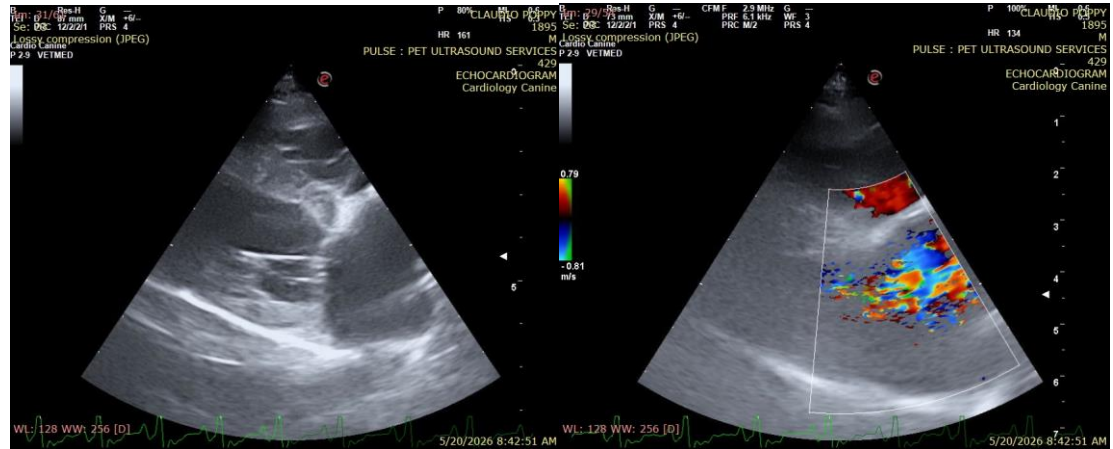
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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