



PATIENT

Bebe Alejandro
Figueroa

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

15 y

WEIGHT

23.4 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Vega

INVOICE

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Grade III/VI murmur. Pre-anesthetic evaluation (enucleation).

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. There is Doppler evidence of mitral regurgitation present. There is mild left ventricular dilation. Left ventricular systolic function is normal. 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. TR velocity does not suggest the presence of pulmonary hypertension. 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 - 32.6 mm
LVIDd - 31.2 mm
LVIDs - 17.8 mm
FS - 42.9%
RA - 18.8 mm
LVOT - 0.85 m/s
RVOT - 0.85 m/s
TR - 2.73 m/s

ASSESSMENT/RECOMMENDATIONS

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

This examination demonstrates regurgitation of blood across Bebe's mitral and tricuspid valves resulting from degenerative valve disease. Bebe's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is a bit more advanced, as Bebe has mild secondary dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Bebe's current risk for the development of clinical signs secondary to his mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended going forward.

Bebe'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, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 25% and pre-oxygenating Bebe for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry is recommended during the procedure.

I recommend starting Bebe on pimobendan (2.5 mg BID), as this medication should help to slow the progression of his valvular diseases, as well as decrease his risk for general anesthesia.

A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended if Bebe experiences respiratory clinical signs.



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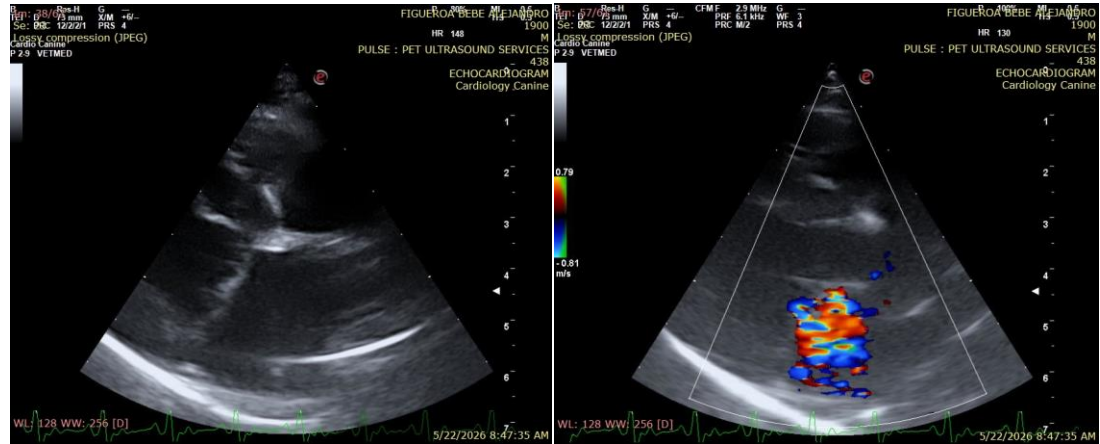
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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