



## PATIENT

Anubis Pagan

## SPECIES

Canine

## BREED

Min. Schnauzer

## SEX

MN

## AGE

13 y

## WEIGHT

19 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Del Toro

## INVOICE

## DATE

5/28/26

## PRESENTING CLINICAL SIGNS

Grade III/VI murmur. Dry cough. Radiographs showed mild left-sided cardiomegaly.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is 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 thickened, and a mild to moderate jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 40.7 mmHg). 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 arrhythmia

LA - 31.9 mm  
LVIDd - 31.8 mm  
LVIDs - 21.1 mm  
FS - 33.6%  
RA - 19.7 mm  
LVOT - 1.47 m/s  
RVOT - 0.82 m/s  
TR - 3.19 m/s

## ASSESSMENT/RECOMMENDATIONS

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

This examination demonstrates regurgitation of blood across Anubis's mitral and tricuspid valves resulting from degenerative valve disease. Anubis's tricuspid valve disease is mild, as evidenced by his absence of secondary right heart chamber dilation. His mitral valve disease is a bit more advanced, as Anubis has mild secondary dilation of both his left atrium and left ventricle. While a definitive reason for Anubis's cough is not appreciated in his radiographs, the presence of only mild left atrial dilation indicates that his cough does not appear to be cardiogenic in origin. Anubis's current risk for the development of left-sided congestive heart failure appears to be relatively low, though careful monitoring of his respiratory rate/effort is recommended going forward.

Anubis's tricuspid regurgitation velocity is consistent with the presence of mild pulmonary hypertension. Mild pulmonary hypertension is well-tolerated in dogs, though careful monitoring for progression is recommended.

I recommend starting Anubis on pimobendan (2.5 mg BID), as this medication should help to slow the progression of his valvular diseases. No therapy is recommended for Anubis's pulmonary hypertension at this time.

A recheck echocardiogram is recommended in 6 months. Recheck radiographs are recommended if Anubis experiences difficulty breathing.



### PATIENT

Anubis Pagan

### SPECIES

Canine

### BREED

Min. Schnauzer

### SEX

MN

### AGE

13 y

### WEIGHT

19 lb

### INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

### IMAGING PERFORMED BY

Dr. Gabriel Ferrer

### HOSPITAL NAME

Pulse Pet Ultrasound  
Services

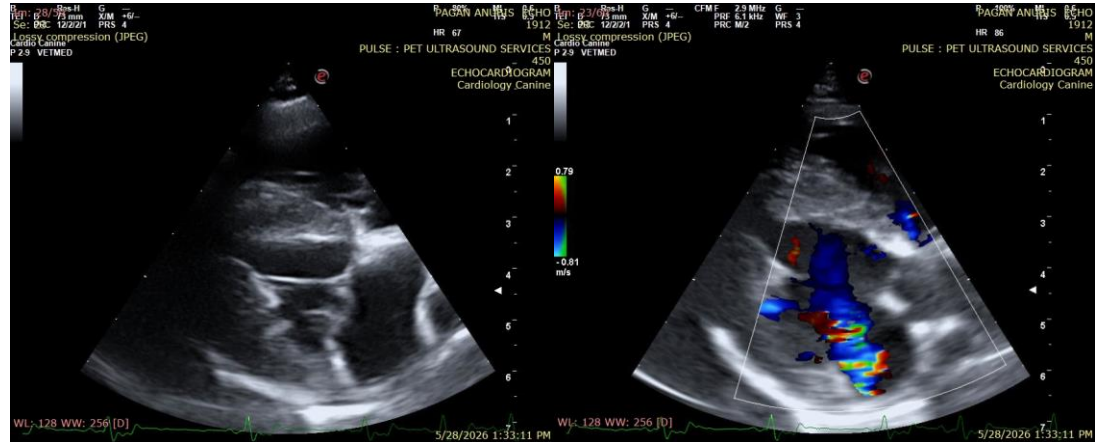
### REFERRING VET

Dr. Del Toro

### INVOICE

### DATE

5/28/26



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)