



PATIENT

Leon Servia

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

11 y

WEIGHT

17.4 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Davila

INVOICE

DATE

5/29/26

PRESENTING CLINICAL SIGNS

Murmur. Dry cough triggered by excitement that results in syncope. Radiographs showed cardiomegaly and some pulmonary edema. Started on furosemide and pimobendan, which initially improved the cough, though it has since returned.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate to severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A severe jet of eccentric mitral regurgitation is present. There is severe 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 jet of tricuspid regurgitation is present. TR velocity is borderline for the presence of mild 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 arrhythmia

LA – 39.4 mm
LVIDd – 44.0 mm
LVIDs – 23.8 mm
FS – 45.9%
RA – 17.8 mm
LVOT – 1.26 m/s
RVOT – 0.99 m/s
TR – 2.80 m/s

ASSESSMENT/RECOMMENDATIONS

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

This examination demonstrates regurgitation of blood across Leon's mitral and tricuspid valves resulting from degenerative valve disease. Leon's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Leon has severe mitral regurgitation present, with moderate to severe dilation of his left atrium and severe dilation of his left ventricle, though his left ventricular systolic function is well-preserved. Given this, it's likely that mainstem bronchial compression is contributing to Leon's cough. As Leon's syncopal episodes occur during his coughing episodes, they are likely due to "cough drop", which is a form of vasovagal syncope, though a contribution from his mitral valve disease and/or an intermittent arrhythmia cannot be ruled out. In addition to coughing and syncope, Leon is at fairly high risk for the development of exercise intolerance and/or syncope, therefore, careful monitoring for these is recommended.

Continued use of furosemide (at the lowest effective dose) and pimobendan (2.5 mg BID) is warranted based on this exam. As for Leon's cough, I recommend starting him on hydrocodone (2.5 mg PRN, up to every 6 hours). If cough drop is present, controlling Leon's cough should resolve his syncopal episodes.

A Holter and/or event monitor can be considered if Leon experiences syncopal episodes that are unrelated to coughing.



PATIENT

Leon Servia

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

11 y

WEIGHT

17.4 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

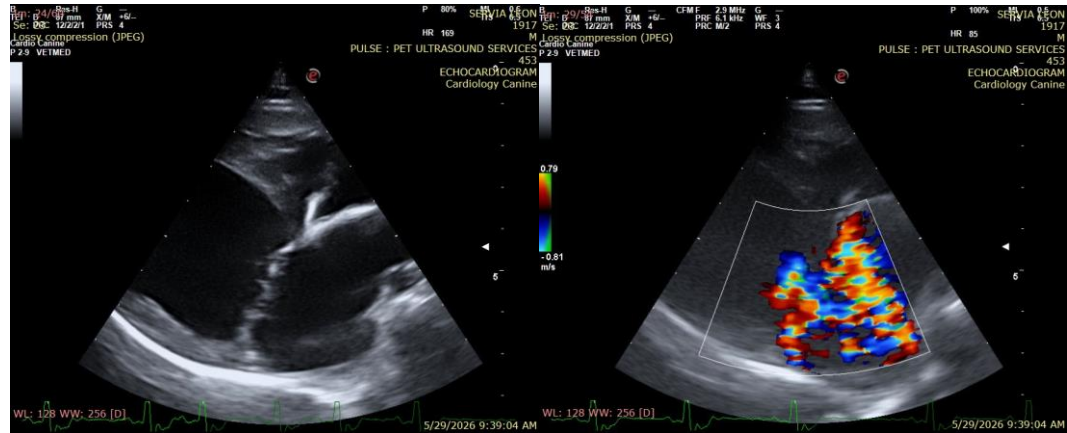
Dr. Davila

INVOICE

DATE

5/29/26

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



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