



PATIENT

Chloe Bukowski

SPECIES

Canine

BREED

Collie Mix

SEX

FS

AGE

10.5 y

WEIGHT

45 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Beatty

INVOICE

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Grade III/VI left apical systolic murmur. Pre-anesthetic evaluation.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is moderate 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. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 52.7 mm

LVIDd - 53.4 mm

LVIDs - 29.2 mm

FS - 45.3%

LVOT - 1.48 m/s

RVOT - 0.89 m/s

ASSESSMENT/RECOMMENDATIONS

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

This examination demonstrates regurgitation of blood across Chloe's mitral and tricuspid valves resulting from degenerative valve disease. Chloe's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Chloe has moderate secondary dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. Given this, Chloe is at moderately increased risk for the development of clinical signs, such as coughing, exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these is recommended.

Chloe's cardiovascular risk for general anesthesia, especially her risk for fluid overload, 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 Chloe 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 Chloe on pimobendan (5 mg BID), as this medication should help to slow the progression of her valvular diseases, as well as decrease her risk for general anesthesia.

A recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if Chloe experiences respiratory clinical signs.



PATIENT

Chloe Bukowski

SPECIES

Canine

BREED

Collie Mix

SEX

FS

AGE

10.5 y

WEIGHT

45 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

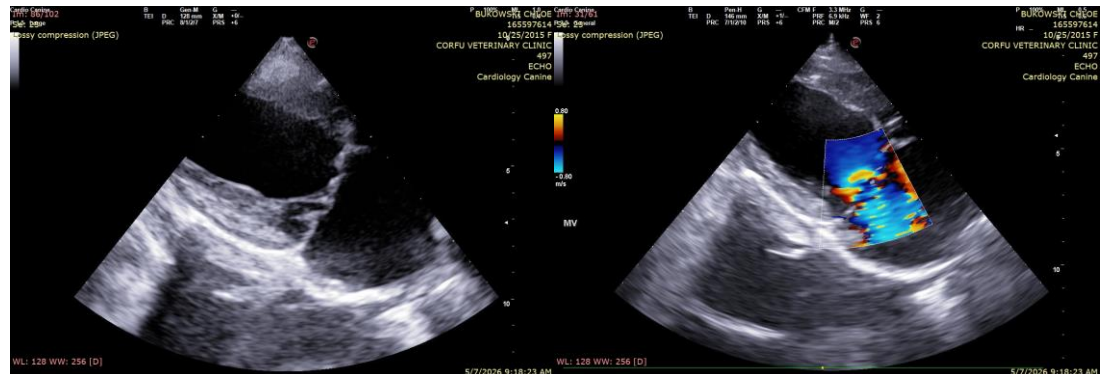
REFERRING VET

Dr. Beatty

INVOICE

DATE

5/7/26



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