



PATIENT

Louie Szmyd

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

9 y

WEIGHT

15.6 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Grade 3/6 murmur. Possible syncopal episodes. Pre-anesthetic evaluation (dental). Receiving pimobendan 2 mg BID.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve leaflets are mildly 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 hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 38.4 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.

LA - 29.9 mm
LVIDd - 28.8 mm
LVIDs - 13.9 mm
FS - 51.7%
RA - 19.5 mm
LVOT - 1.39 m/s
RVOT - 0.67 m/s
TR - 3.10 m/s

ASSESSMENT/RECOMMENDATIONS

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

This examination demonstrates regurgitation of blood across Louie's mitral and tricuspid valves resulting from degenerative valve disease. Louie'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 Louie has mild to moderate mitral regurgitation present, with 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, it's unlikely that Louie's mitral valve disease is the cause of his syncopal episodes, and his current risk for the development of other clinical signs secondary to his mitral valve disease, such as coughing, exercise intolerance, and labored breathing, appears to be relatively low.

Louie's tricuspid regurgitation velocity is consistent with the presence of mild pulmonary hypertension. Mild pulmonary hypertension is typically well-tolerated in dogs, therefore, it seems unlikely that this is the cause of Louie's syncopal episodes. If Louie's episodes are induced by vomiting, they are likely vasovagal in nature, though the presence of an intermittent arrhythmia cannot be ruled out.

Louie's cardiovascular risk for general anesthesia is mildly to 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 25% and pre-oxygenating Louie for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.



PATIENT

Louie Szmyd

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

9 y

WEIGHT

15.6 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC of Flanders

REFERRING VET

Dr. Hallihan

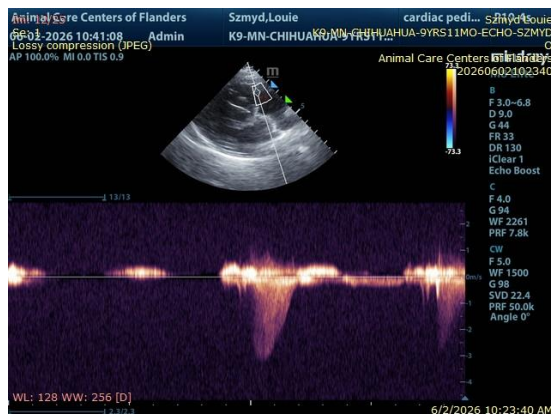
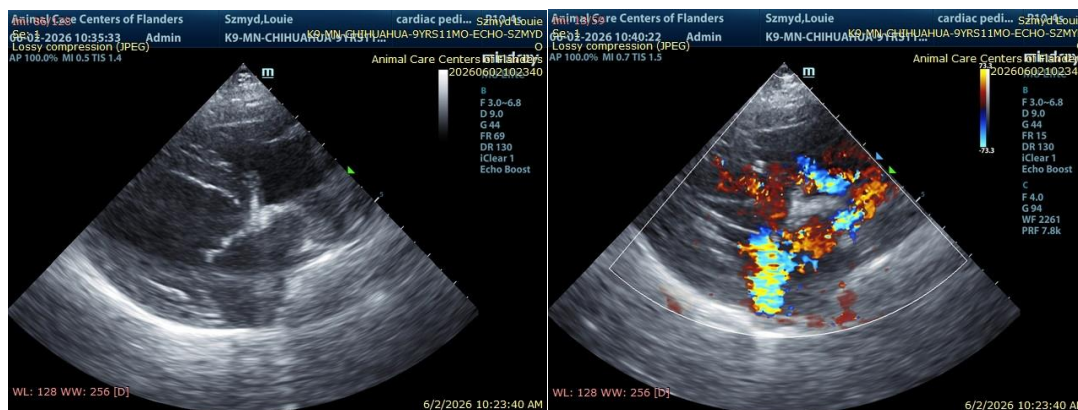
INVOICE

DATE

6/2/26

Continued use of pimobendan is warranted based on this exam. No therapy appears to be indicated for Louie's pulmonary hypertension at this time, however, if he continues to experience syncopal episodes, a trial with sildenafil (10 mg am, 5 mg pm) may be warranted.

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



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