



PATIENT

Dobbie Marines

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

9 y

WEIGHT

12.86 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford AH

REFERRING VET

Dr. Grasso

INVOICE

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Grade III/VI murmur. Passing out twice after coughing fits. BNP 3394. Started on pimobendan 1.875 mg SID.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is mild to moderate 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 appears normal, though trace tricuspid regurgitation is present. 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 - 35.1 mm
LA/Ao - 1.44
LVIDd - 32.6 mm
LVIDs - 15.9 mm
FS - 51.2%
RA - 19.5 mm
LVOT - 1.83 m/s
RVOT - 1.02 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B2

This examination demonstrates regurgitation of blood across Dobbie's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Dobbie has moderate dilation of his left atrium and mild to moderate dilation of his left ventricle, though his left ventricular systolic function is well-preserved. Given this, Dobbie is at moderately increased risk for the development of left-sided congestive heart failure, therefore, careful monitoring of his respiratory rate/effort is recommended.

Given the absence of severe left atrial dilation, it's unlikely that Dobbie's mitral valve disease is the primary cause of his cough. As for Dobbie's syncopal episodes, their temporal relation with coughing suggests that they are due to a vasovagal reflex. If this is the case, controlling Dobbie's cough should help to eliminate his syncopal episodes.

Continued use of pimobendan is warranted based on this exam, though I recommend adjusting Dobbie's dose to 1.875 mg am, 1.25 mg pm. Should Dobbie continue to cough, a cough suppressant, such as hydrocodone (1.25 mg PRN, up to every 6 hours) may be given.

A recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if Dobbie experiences difficulty breathing.



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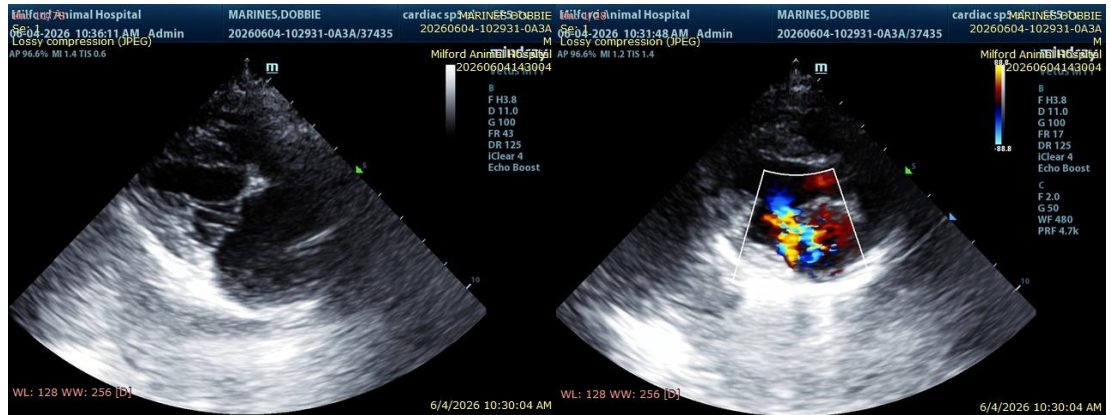
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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