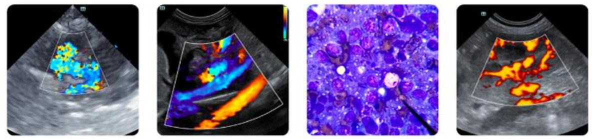


PATIENT
Chip Brousseau

SPECIES
Canine

BREED
JRT

SEX
MN

AGE
10 y

WEIGHT
5.3 kg

INTERPRETED BY
Keith Blass, DVM, MS, DACVIM (Cardiology)

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Barnes

INVOICE

DATE
4/21/26

PRESENTING CLINICAL SIGNS

Recheck degenerative valve disease and pulmonary hypertension. Receiving pimobendan 1.5 mg BID. Experienced a syncopal episode after coughing while pulling on his leash during a walk. Radiographs showed cardiomegaly but no pulmonary edema.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 4/21/26.

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is 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 leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of moderate pulmonary hypertension (PG 56.9 mmHg / prev. PG 36.5 mmHg). The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA – 35.3 mm (prev. 32.6 mm)
LVIDd – 32.5 mm (prev. 28.9 mm)
LVIDs – 16.2 mm (prev. 10.7 mm)
FS – 50.2% (prev. 63%)
RA – 15.6 mm (prev. 16.0 mm)
LVOT – 2.06 m/s (prev. 1.99 m/s)
RVOT – 1.16 m/s (prev. 1.11 m/s)
TR – 3.77 m/s (prev. 3.02 m/s)

ASSESSMENT/RECOMMENDATIONS

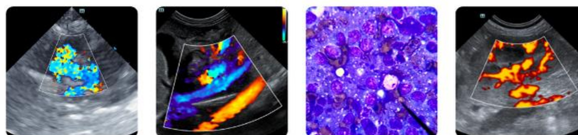
Degenerative mitral (stage B2) and tricuspid (stage B1) valve disease
Pulmonary hypertension

This examination demonstrates mild progression of Chip's mitral valve disease over the past 2 months, and he now has moderate dilation of his left atrium and mild to moderate dilation of his left ventricle. As such, Chip's current risk for the development of left-sided congestive heart failure has increased a bit, and careful monitoring of his respiratory rate/effort is recommended.

Chip's tricuspid valve disease is still mild and well-compensated, though his pulmonary hypertension is now moderate in severity. While the description of Chip's syncopal episodes seems consistent with a vasovagal reflex, his pulmonary hypertension cannot be ruled out as a contributor to the episode.

I recommend increasing Chip's pimobendan dose to 2.5 mg am, 1.25 mg pm and starting him on sildenafil (5 mg BID), as the former will hopefully slow further progression of his mitral valve disease, while the latter will treat his pulmonary hypertension.

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



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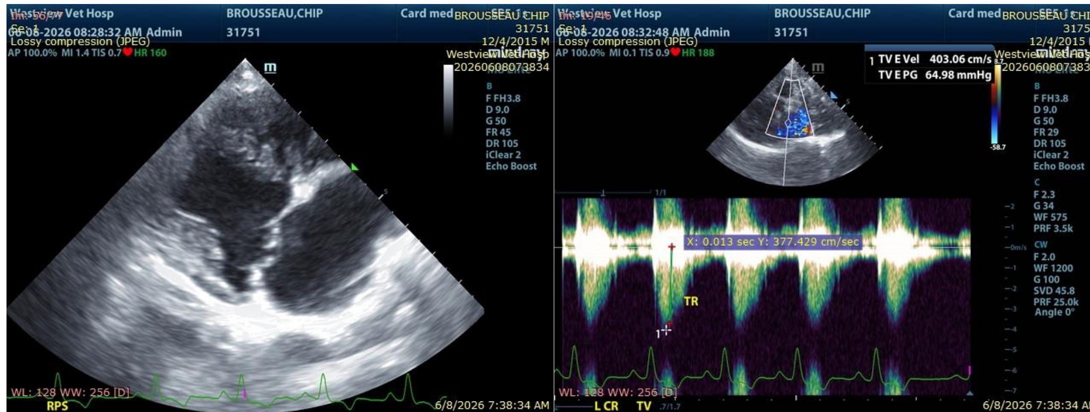

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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