



PATIENT

Darla Hooker

SPECIES

Canine

BREED

Min. Dachshund

SEX

FS

AGE

11 y

WEIGHT

11.7 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sager-Gellerman

INVOICE

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Grade I/VI murmur. Pre-anesthetic evaluation (COHAT).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. 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 pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

LA - 25.9 mm
LVIDd - 24.5 mm
LVIDs - 13.8 mm
FS - 43.7%
RA - 15.0 mm
LVOT - 1.66 m/s
RVOT - 0.74 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease - stage B1

This examination demonstrates mild regurgitation of blood across Darla's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Darla does not have secondary dilation of either of her left heart chambers, and her left ventricular systolic function is well-preserved. As such, Darla's current risk for the development of clinical signs secondary to her mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be low.

Darla's cardiovascular risk for general anesthesia is only mildly increased based on this exam, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 25% as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended at this stage of disease.

A recheck echocardiogram is recommended in 6 months to monitor for disease progression.



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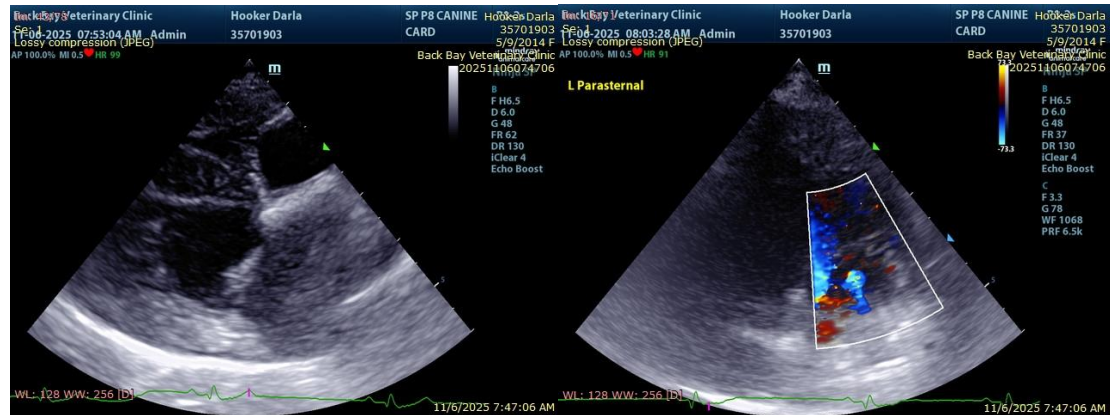
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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