



PATIENT

Gretchen Washuk

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

17 y

WEIGHT

17 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Goodman

INVOICE

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Grade 5/6 murmur. Diagnosed with stage B2 degenerative valve disease in 2023. Receiving furosemide, enalapril, and pimobendan. Pre-anesthetic evaluation (tooth root abscess).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 10/20/23.

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 mildly hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. 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 rhythm

LA - 32.7 mm (prev. 32.3 mm)
LVIDd - 32.4 mm (prev. 32.6 mm)
LVIDs - 18.5 mm (prev. 16.9 mm)
FS - 42.9% (prev. 48%)
RA - 19.7 mm (prev. 18.1 mm)
LVOT - 1.60 m/s (prev. 1.79 m/s)
RVOT - 0.82 m/s (prev. 1.46 m/s)

ASSESSMENT/RECOMMENDATIONS

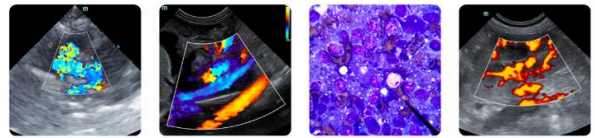
Degenerative mitral valve disease - stage B2

This examination demonstrates no progression of Gretchen's mitral valve disease over the past 2.5 years. As such, her risk for the development of clinical signs secondary to her disease, such as coughing, exercise intolerance, syncope, and labored breathing, still appears to be relatively low, though careful monitoring for these signs is recommended.

Gretchen's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some 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 Gretchen for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

Continued use of pimobendan is warranted based on this exam. Continued use of furosemide and enalapril would be warranted if Gretchen was experiencing clinical signs that improved with therapy.

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



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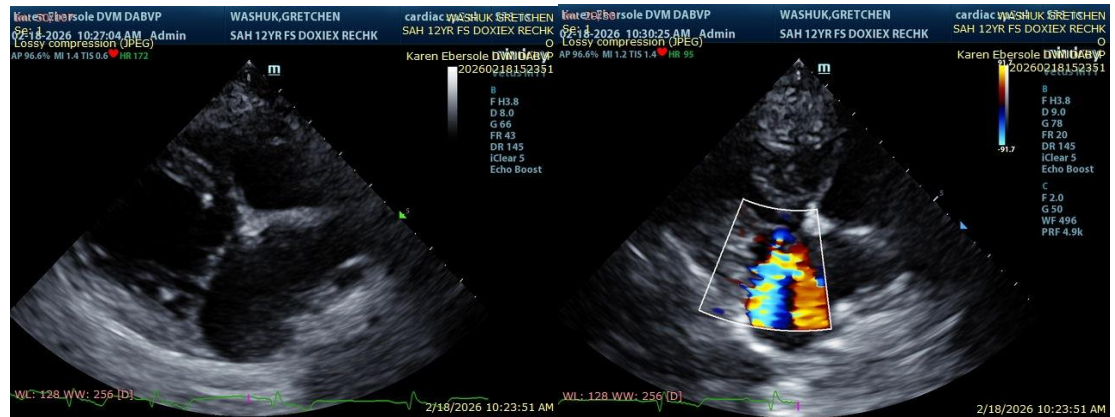
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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