



**PRESENTING CLINICAL SIGNS**

History: Grade 4/6 murmur.

**DATE**

2/4/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Sarah Pender, CVT

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

**PATIENT**

Morning Vertrees

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation 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 appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

LA - 29.9 mm  
LVIDd - 28.0 mm  
LVIDs - 13.7 mm  
FS - 51%  
RA - 17.7 mm  
LVOT - 1.25 m/s  
RVOT - 0.61 m/s

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral valve disease

**SPECIES**

Canine

**BREED**

Dachshund

This examination demonstrates regurgitation of blood across Morning's mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Morning has mild dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Morning's mitral valve disease appears to be well-compensated, and her current risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low.

**SEX**

FS

I recommend starting Morning on pimobendan (2.5 mg am, 1.25 mg pm), as this medication should help to slow the progression of her mitral valve disease.

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

**AGE**

14 y

**WEIGHT**

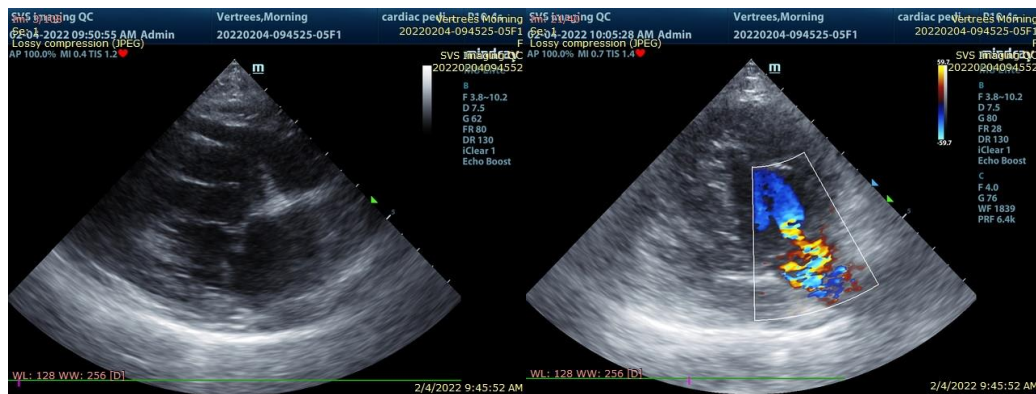
15.4 lb

**HOSPITAL NAME**

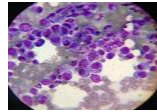
SVS Imaging QC

**REFERRING VET**

Dr. Hughes



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**DATE**

2/4/22

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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631-804-5754

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