



PRESENTING CLINICAL SIGNS

History: Grade 5/6 murmur. Some coughing. Addisonian.

DATE

3/24/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sands Hill MVU

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

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 normal. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. 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.

ECG during echo: Sinus rhythm

PATIENT

Roxie Council

LA - 25.2 mm
LVIDd - 24.4 mm
LVIDs - 15.2 mm
FS - 37.7%
RA - 18.2 mm
LVOT - 1.30 m/s
RVOT - 0.68 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Dachshund

This examination demonstrates mild regurgitation of blood across Roxie's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Roxie does not have secondary dilation of either of her left heart chambers. As such, Roxie's mitral valve disease appears to be well-compensated, and her cough does not appear to be cardiogenic in origin.

SEX

FS

Thoracic radiographs may be warranted to further evaluate Roxie's cough.

No therapy is recommended at this stage of Roxie's mitral valve disease.

AGE

10 y

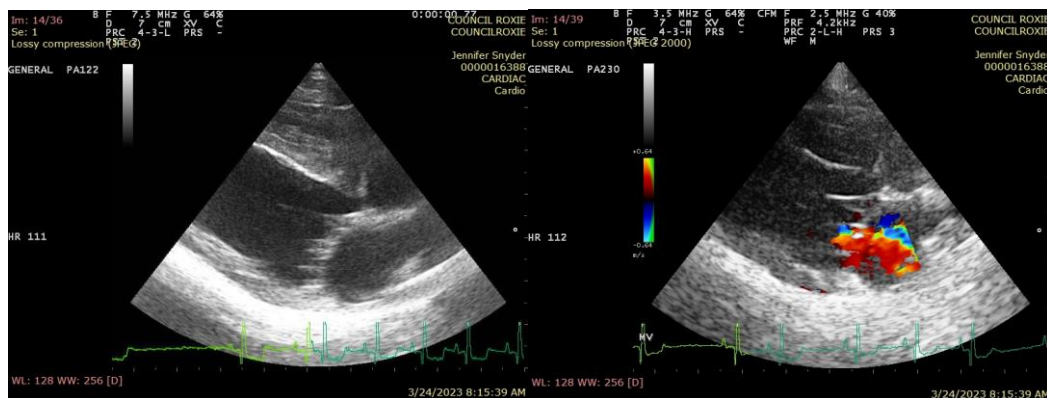
A recheck echocardiogram is recommended in 6 months to monitor for disease progression.

WEIGHT

12.3 lb

HOSPITAL NAME

Whole Pet Vet



REFERRING VET

Dr. Rubendall



DATE 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.

3/24/23

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.

PERFORMED BY:

Sands Hill MVU **Keith Blass, DVM, MS, DACVIM (Cardiology)**
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