

PRESENTING CLINICAL SIGNS

History: Grade I murmur. Asymptomatic.

DATE

3/4/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY

Dr. Samuel Gabriel

Left atrial size is normal. The mitral valve appears normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. 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 shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LA - 16.1 mm
IVSd - 3.9 mm
LVPWd - 3.9 mm
LVIDd - 17.4 mm
LVIDs - 11.4 mm
FS - 34.4%
RA - 11.7 mm
LVOT - 0.97 m/s
RVOT - 0.85 m/s

PATIENT

Reesie Aucone

ASSESSMENT/RECOMMENDATIONS

SPECIES

Canine

The only potential abnormality seen in this exam is trace regurgitation of blood across Reesie's tricuspid valve, which could either be a normal physiologic variant or secondary to the presence of very mild valvular dysplasia. The hemodynamic effects of the regurgitation appear to be negligible, as Reesie does not have secondary dilation of either of his right heart chambers, indicating that his current risk for the development of clinical signs secondary to his regurgitation appears to be low.

BREED

Dachshund

No therapy is recommended based on this exam.

SEX

A recheck echocardiogram is recommended in 12 months to monitor for progressive regurgitation, sooner if new clinical signs compatible with cardiac dysfunction develop.

MI

AGE

12 wk

WEIGHT

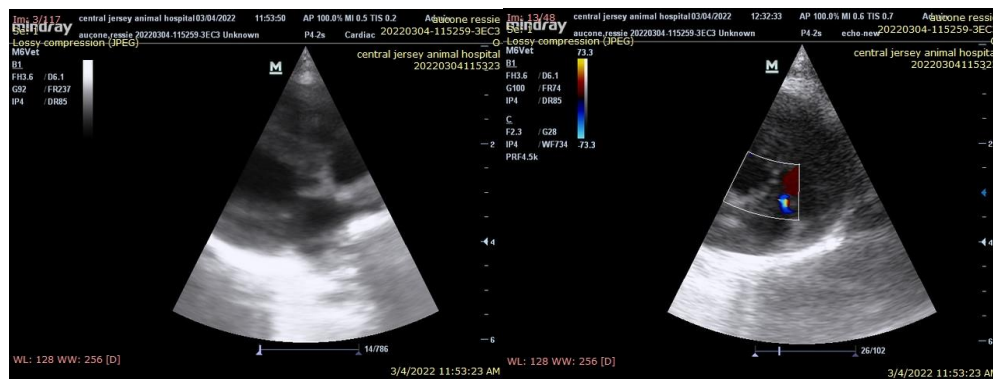
4.5 lb

HOSPITAL NAME

Samuel Gabriel

REFERRING VET

Dr. Gabriel



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.

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

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