



PATIENT

Tiki Sabadishin

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

13.4 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Montville AH

REFERRING VET

Dr. Schubert

INVOICE

12241

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Evaluate HM grade 2/6 systolic.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.3	40	73	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	124	1.8	0.82	--	2.9	2.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated mild to moderate eccentric MR. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LV outflow velocity with aortic insufficiency on doppler. Aortic insufficiency measured 5.4 m/s max. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated mild thickening with mild TR on doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1).
- Mild TV insufficiency- no overt clinical pulmonary hypertension.



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- Aortic valve insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The lack of LA enlargement indicates the current and future risk of complication, secondary to MR, is low. In an assumed nonclinical patient without evidence of chamber enlargement, no indication for cardiac medication. Monitoring of systemic BP for evidence of hypertension given aortic valve insufficiency is recommended. If not evidence of hypertension, current cardiac anesthetic risk is considered mild. If required, the following protocol is suggested. Sonographic monitoring is advised for further assessment and prognosis. Recheck echo is recommended in 6-12 months or sooner if increase in murmur intensity or if clinical signs arise. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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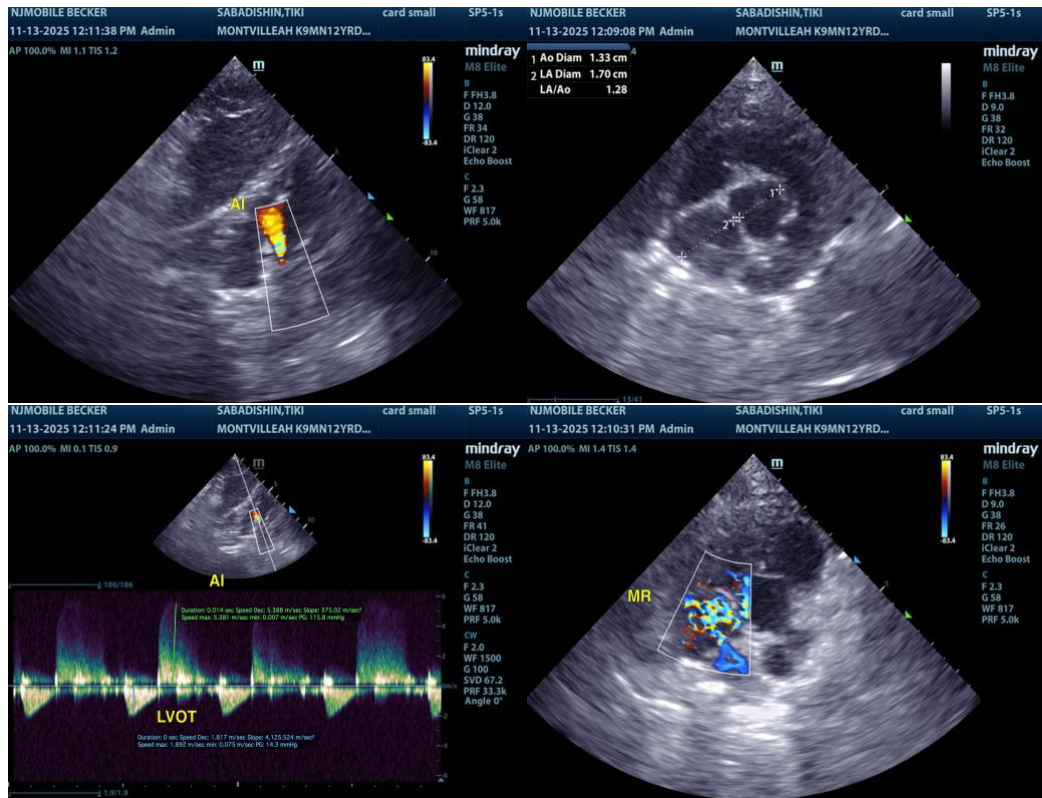
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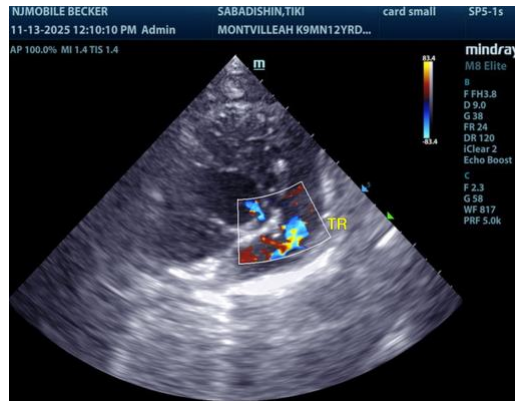
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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