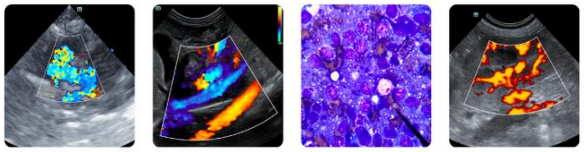


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Harvey Church

SPECIES
Canine

BREED
Dachshund

SEX
MN

AGE
12yr

WEIGHT
26lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
Loving Care VH

REFERRING VET
Dr Steele

INVOICE
24525

DATE
04/20/2026

PRESENTING CLINICAL SIGNS

Follow Up

Meds: Pimobendan 2.5 mg 1 tab BID

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	6.1	2.7	--	1.5	45	78	0.1
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**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	110	2.6	1.5	26lb	3.0	2.8	--

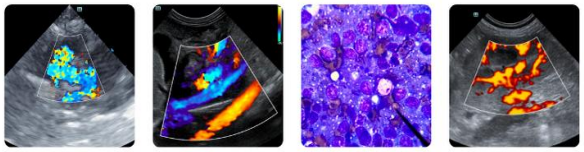
Cardiac Presentation

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 vegetative thickening consistent with endocardiosis. Doppler indicated measurable eccentric insufficiency. Borderline increased MR velocity 6.1 m/s. 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. Mild increased measured LVOT 2.6 m/s. 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 infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Static compensated mitral valve insufficiency (B1)



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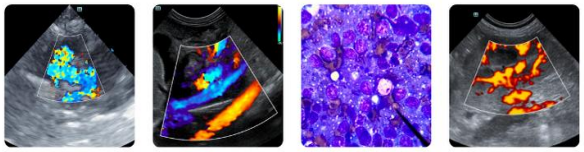
- Tricuspid insufficiency -no evidence of clinical pulmonary hypertension
- Non-specific increased measured LV outflow velocity and borderline increased MR velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The continued lack of LA enlargement or left heart volume overload indicates the current and future risk of complications secondary to MR remains low. Although technically without evidence of chamber enlargement, assuming the patient is non-clinical, no indication for cardiac medication. However, continued Pimobendan at current dose is warranted. Monitoring of systemic BP for evidence of hypertension given mild increased LV outflow velocity and borderline increased MR velocity is recommended. Recheck echo recommended in 6 to 12 months if clinically indicated.

Pending monitoring of systemic BP, anesthetic risk is considered mild. 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.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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info@sonopath.com 800.838.4268

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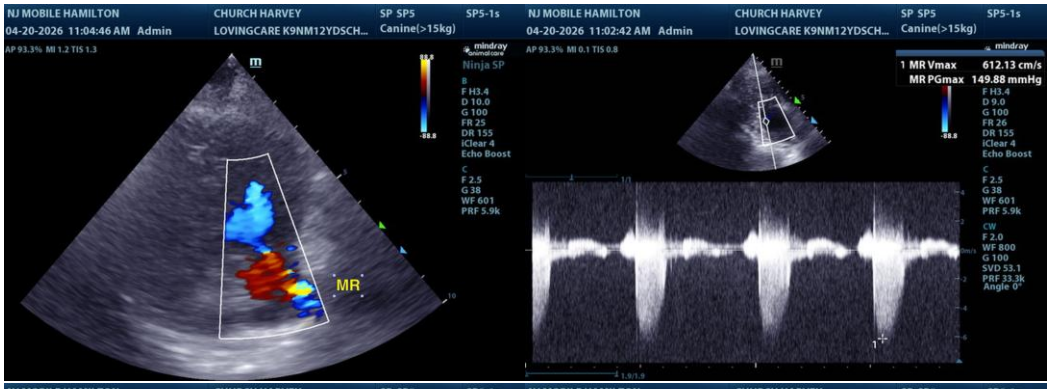

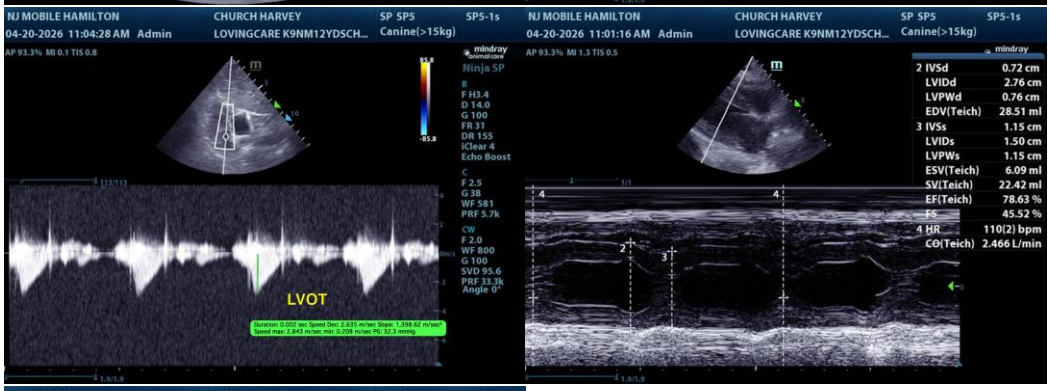

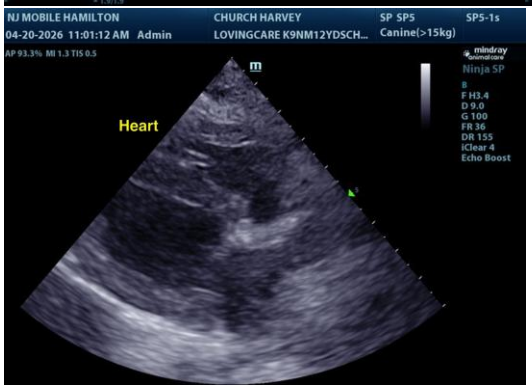

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com