



**PATIENT PRESENTING CLINICAL SIGNS**

Otto Law Recently dx grade 3/6 heart murmured.  
Current Medications: None for cardiac; Doxycycline for Anaplasma

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

**BREED**  
Dachshund

**SEX**  
MN

**AGE**  
10yr

**WEIGHT**  
19.9lb

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	5.1	--	--		39	70	0.3
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	95	1.3	0.7	19.9lb	4.0	3.4	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated borderline to mild increased left atrial size with mild interatrial septal deviation based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable mild to moderate eccentric insufficiency. The left ventricle presented borderline increased dimension. 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. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology. 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**

**Primary**

- Chronic mitral valve disease (ACVIM early to mild B2)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Animal Mansion VH

**REFERRING VET**

Dr Bertoldo

**INVOICE**  
24588

**DATE**  
04/24/2026



**PATIENT**

Otto Law

The borderline to mild increased LA dimension indicates the current or future risk of complications secondary to MR is mildly elevated, yet overall, the heart appears to be stable. Pimobendan 0.3 mg/kg PO BID is warranted at this stage. No indication for additional medication.

**SPECIES**

Canine

Prognosis is variable and sonographic monitoring advised. Recheck echo is recommended in 6-12 months, sooner if clinically indicated.

**BREED**

Dachshund

Anesthetic risk is considered mild once on Pimobendan for 3-5 days. If required, the following protocol is recommended. 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.

**SEX**

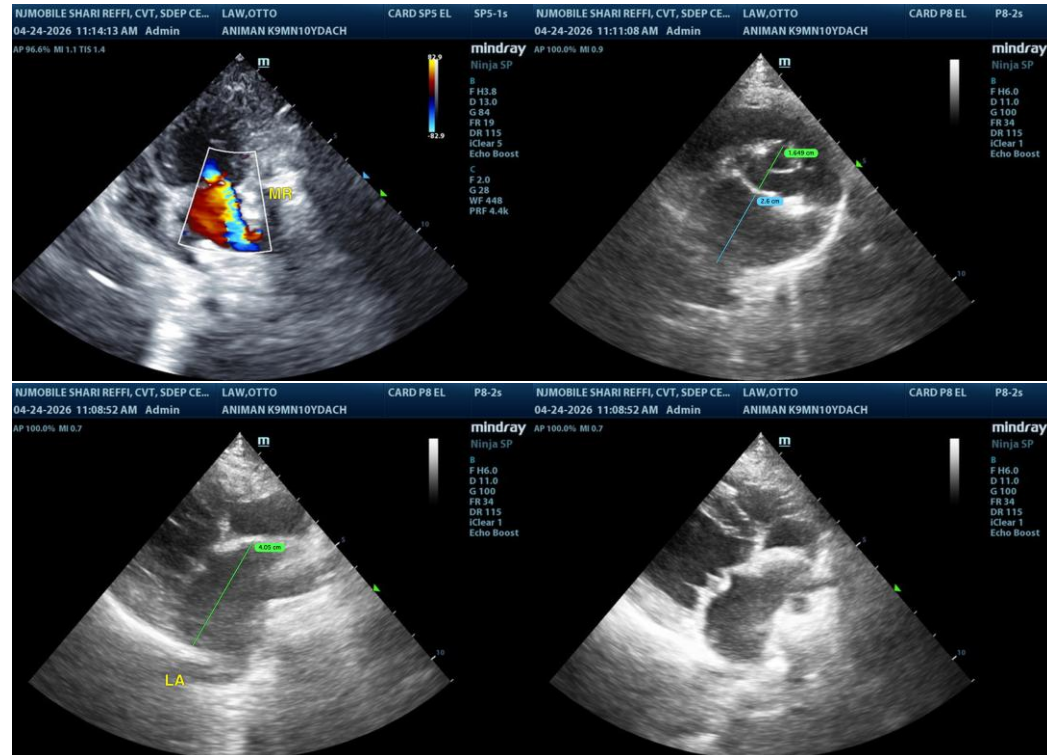
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INVOICE**  
 24588

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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