



**PATIENT**

Reagan Aiello

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

14.6 P

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

American AH

**REFERRING VET**

Dr. Arculli

**INVOICE**

35897

**DATE**

4/30/26

**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 murmur scheduling for dental procedure. meds: NexGard plus

**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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.7	3.0 max	--	2.0	55	87	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	1.54	1.5	0.7	14.6	3.7	3.1	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated moderate increased **left atrial** size based on 3 different LA measurement methods with intraatrial septal deviation on two LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Mild valvular prolapse was noted. Doppler indicated measurable moderate eccentric mitral regurgitation. The **left ventricle** presented thicknesses with linear contour and mild to moderate increased LV internal 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** valve was mildly thickened 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**



**PATIENT**

- Chronic mitral valve disease (ACVIM, B-2)

Reagan Aiello

- Mild tricuspid insufficiency- measured TR velocity suggests mild increased pulmonary pressure without evidence of clinical pulmonary hypertension.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Dachshund

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is elevated, yet overall, the heart appears stable. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension. Pimobendan 0.3 mg/kg BID is recommended. No overt indication for additional medication. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6 months, sooner if clinical signs arise.

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Anesthetic risk is mild to moderate, yet potentially mildly reduced once on pimobendan for 3-5 days. If anesthesia is elected, the following protocol is suggested with clinical monitoring and judicious IV fluid administration.

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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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<https://www.antechdiagnostics.com/cadet-braf>

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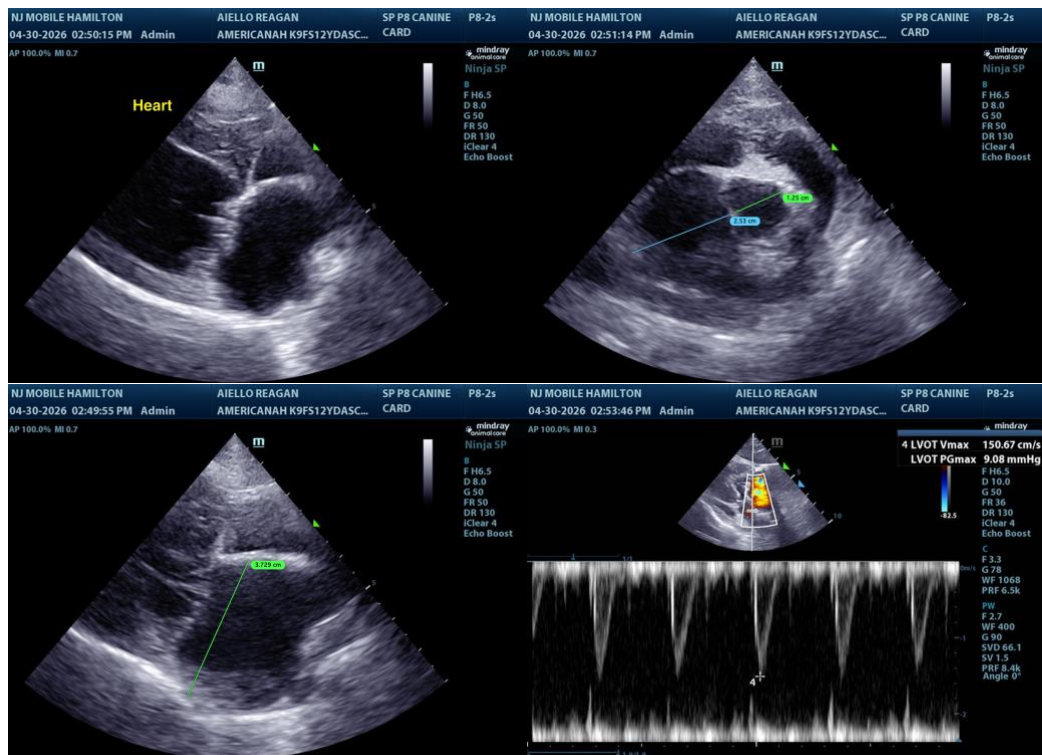
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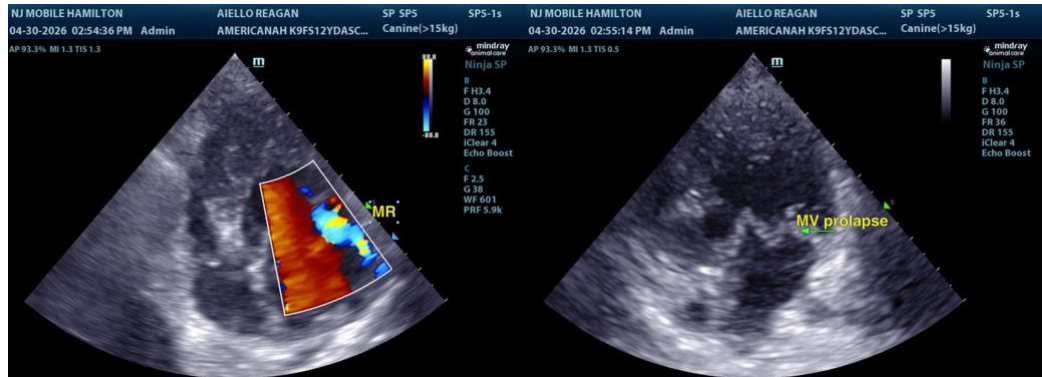
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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