



## PATIENT

Arlo Finocchio

## SPECIES

Canine

## BREED

Dachshund Mix

## SEX

MN

## AGE

14

## WEIGHT

6.8

## PRESENTING CLINICAL SIGNS

cough wheezing /HM grade 3 progressed to grade 4 concurrent collapsing trachea r/o cardiogenic causes Current meds Hydroxipine/ cerenia no improvement on Doxy

Abnormal PE/Chem/CBC/UA Results: HCT mildly elevated rest WNL

## 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	--	--	--	1.46	45	78	0.2
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	NM	1.1	0.7	6.8	2.2	2.0	--

### 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 moderate eccentric insufficiency. 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. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated mildly thickened leaflets 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. No evidence of arrhythmia.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Chronic mitral valve disease (ACVIM B1)
- Mild tricuspid insufficiency- no evidence of clinical pulmonary hypertension

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Salazar

## INVOICE 24878

DATE  
05/19/2026



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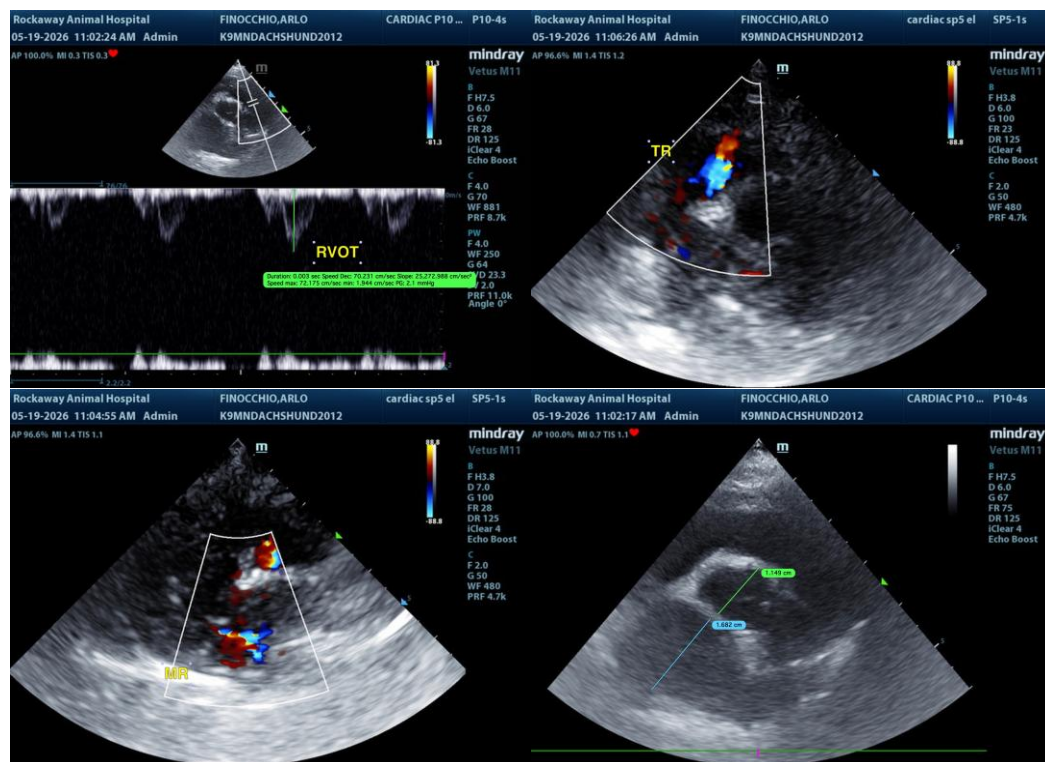
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lack of LA enlargement indicates a current or future risk of complications secondary to mitral valve insufficiency at the stage is low. Without current clinical issues such as evidence of pulmonary hypertension, right heart chamber enlargement, or LV systolic dysfunction, the respiratory signs in this patient are non-cardiogenic in origin. No overt indication for cardiac medications. Respiratory support is indicated.

Echocardiographic monitoring required for further prognosis. Recheck echo suggested in 6 months sooner if clinically indicated. Cardiac anesthetic risk is considered mild. If required, the following protocol is recommended. Suggested anesthetic protocol may include opioid or Benzodiazepine premed, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





## PATIENT

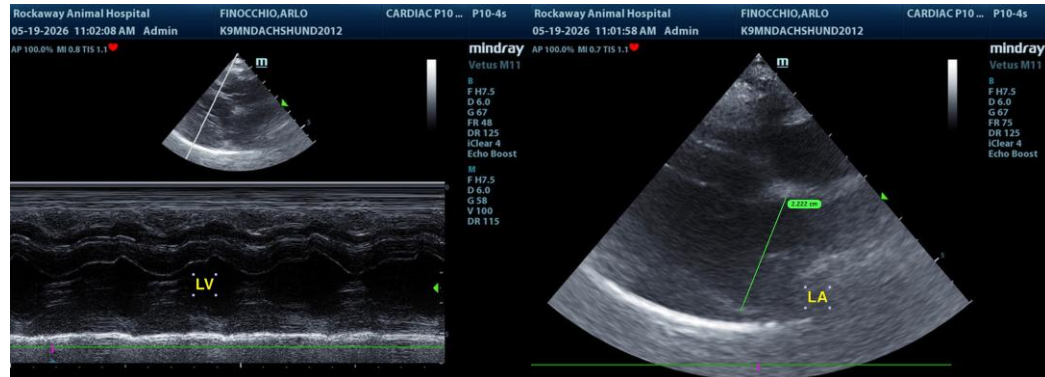
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

## MN

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14

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](mailto:info@sonopath.com)

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