



**PATIENT**

Atara Abruna

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

10.2 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer, DVM

**HOSPITAL NAME**

Pulse Pet Ultrasound  
Servies

**REFERRING VET**

Dr. Ramon Perez

**INVOICE**

35163

**DATE**

12/31/25

**PRESENTING CLINICAL SIGNS**

History: Presented as a referral for an echocardiogram to evaluate heart murmur and anesthesia risk. Pt was diagnosed with a heart murmur in Sept 2025 and is not currently taking any medication. Pt requires a mass removal and dental cleaning and wanted to determine if pt is stable and can undergo an anesthetic procedure. Pt is not clinical and not coughing.

Abnormal PE/Chem/CBC/UA Results: PE: Grade 3/6 systolic HM. CBC attached as supporting documents.

**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	5.61	2.55	NM	1.75	50	--	NM
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	--	0.93	0.92	4.63	3.0	2.4	1.2

**Cardiac Presentation**

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. There is moderate left atrial enlargement. Left ventricular internal dimensions during diastole are within normal limits and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based upon tricuspid regurgitant velocities. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate left atrial enlargement



**PATIENT**

- Degenerative valve disease, B-2

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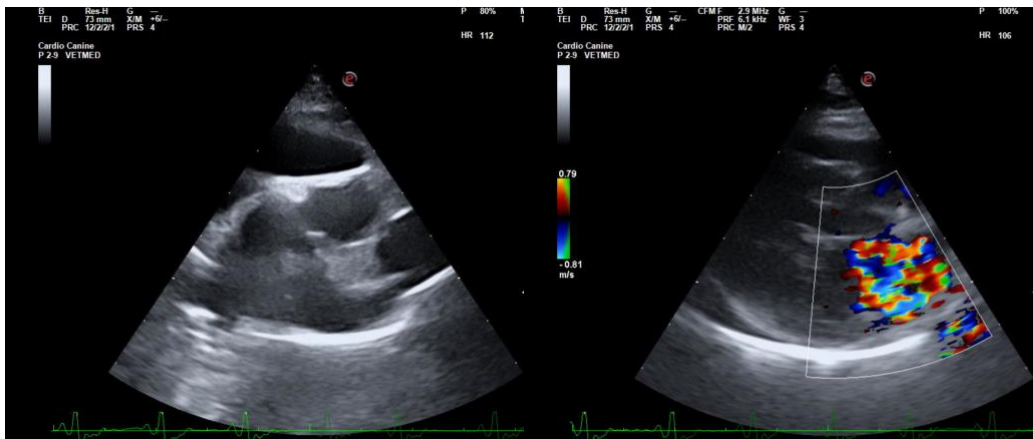
12/31/25

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has degenerative valve disease ACVIM stage B2 and pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

The patient is at an increased risk for elective anesthetic procedures. This risk can be minimized by having the patient on pimobendan for at least 1-3 weeks prior to elective procedures. Close monitoring of breathing rates, in especially the first 24-48 hours after the procedure, is recommended.



**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.

Sara Brethel DVM, DACVIM (Cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)