



**PATIENT**

Milo Burns

**SPECIES**

Canine

**BREED**

Basenji X

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

15.96 kg

**INTERPRETED BY**

Laurent Locquet, DVM,  
 MRCVS, GPCert, (VC)  
 Diplomate, ECVIM-CA  
 (Cardiology)

**IMAGING PERFORMED BY**

Yvonna Aranda

**HOSPITAL NAME**

Eugene AH

**REFERRING VET**

Dr. Matsuoka

**INVOICE**

35503

**DATE**

11/13/25

**PRESENTING CLINICAL SIGNS**

History: Clinical Exam Findings: Occasional hacking, dry cough at home Grade 4/6 left systolic murmur, progression from grade 3/6.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values None recent For ECHO Only: Blood Pressure To follow HR/RR/BP: 100/Panting/to follow Is there a Heart Murmur? If so, please grade. 4/6 left systolic, progression from 3/6 left systolic in April of this year and 2/6 left systolic noted in January this year Current Medications Gabapentin 300mg and Trazodone 100mg.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

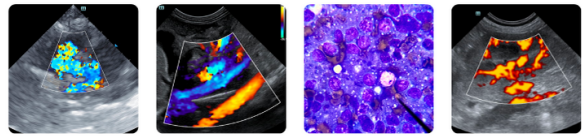
<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.85	3.11	1.99	2.20	53	85	NM
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LAD</b> LA MAX 4 Chamber	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> 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>	--	1.78	1.02	--	3.33	4.38	2.04

**ECG Interpretation**

Every p-wave was followed by a qrs complex. Every qrs complex was preceded by a p-wave. The qrs complexes are normal and regular. Heart rhythm was overall regular. The heart rate was approximately 100 b/p/m.

**Cardiac Presentation**

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is moderately increased. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with moderate to severe tricuspid valve 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



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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**

- ACVIM myxomatous mitral valve disease, stage B-2 with concomitant moderate to severe tricuspid valve regurgitation.

**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.



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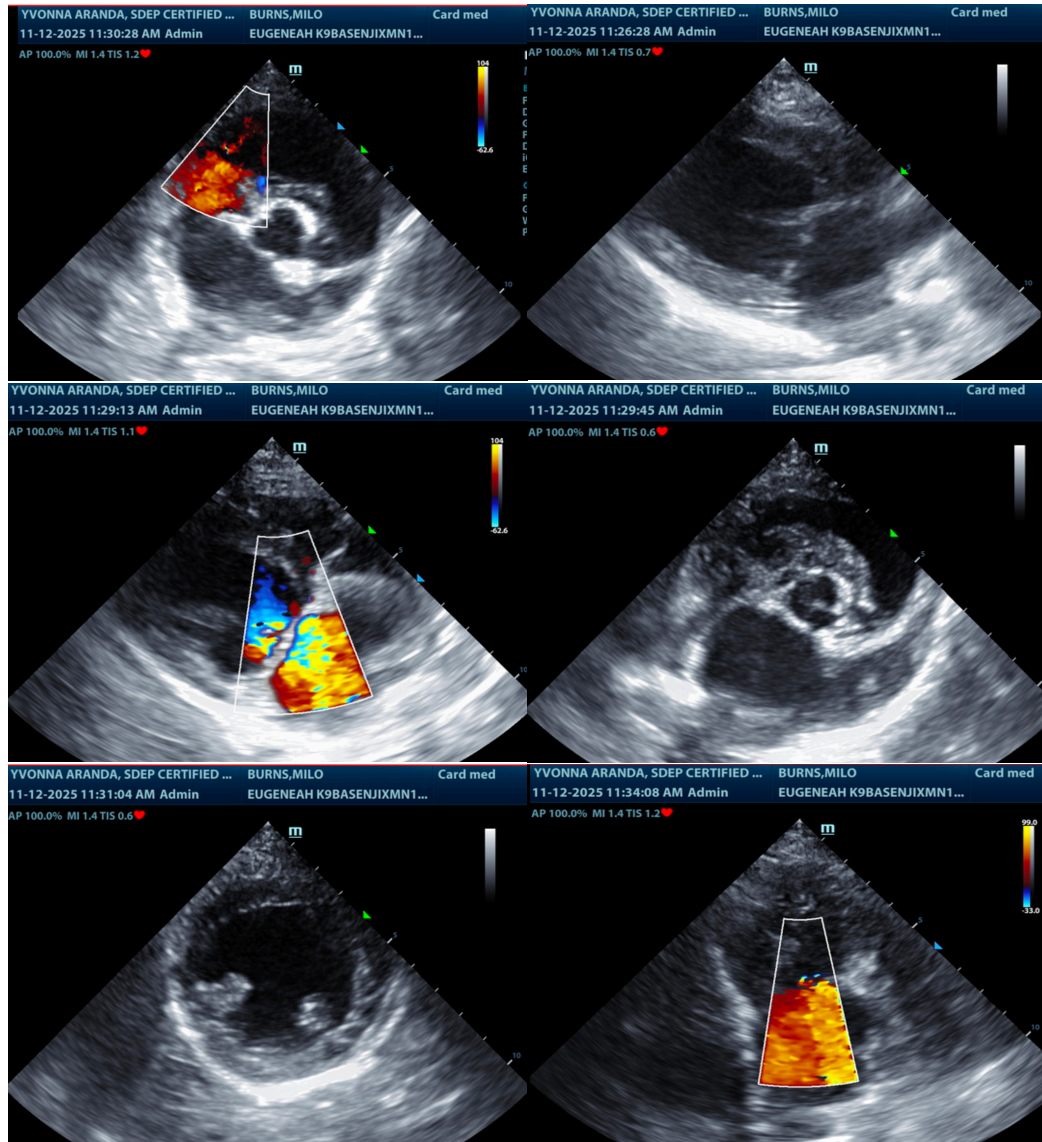
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Laurent Locquet, DVM MRCVS GPCert (VC) Diplomat ECVIM-CA**

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