



**PATIENT**

Mayci Kiser

**SPECIES**

Canine

**BREED**

Bichon Frise Cross

**SEX**

Neutered Male

**AGE**

17 Years

**WEIGHT**

17.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Romero

**HOSPITAL NAME**

Mulnix Animal Clinic

**REFERRING VET**

Dr. Michele Thomas

**INVOICE**

35674

**DATE**

11/26/25

**PRESENTING CLINICAL SIGNS**

History: Collapse episode 10/10/25. Unsure if any seizure like activity at that time. Thinks the episode was preceded by patient jumping of furniture and hurting her back. Newly heard heart murmur. Owners have mentioned a hacking cough several times daily.

Abnormal PE/Chem/CBC/UA Results: BUN 41, ALT 163, blood pressure average 200 mmHg systolic. No thoracic radiographs yet.

**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>	--	3.38	NM	0.96	56	NM	0.32
<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> (lb)	<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>	--	1.28	1.28	17.4	1.55	2.05	0.93

**Cardiac Presentation**

The mitral valve leaflets are mildly thickened with trivial mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. The left atrial size is normal. 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 there is evidence of mild 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 mildly dilated. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ULTRASONOGRAPHIC FINDINGS**



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- Trivial myxomatous mitral valve disease stage B-1 with concomitant mild tricuspid valve regurgitation. The latter is compatible with mild pulmonary hypertension.
- The right ventricular outflow tract is subjectively mildly hypertrophied.
- The pulmonary artery and pulmonary artery branches are subjectively dilated.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs are recommended to screen for respiratory diseases that could cause pulmonary hypertension. No medications are necessary. Annual recheck is recommended. Management should be adjusted accordingly based on the thoracic radiographs.



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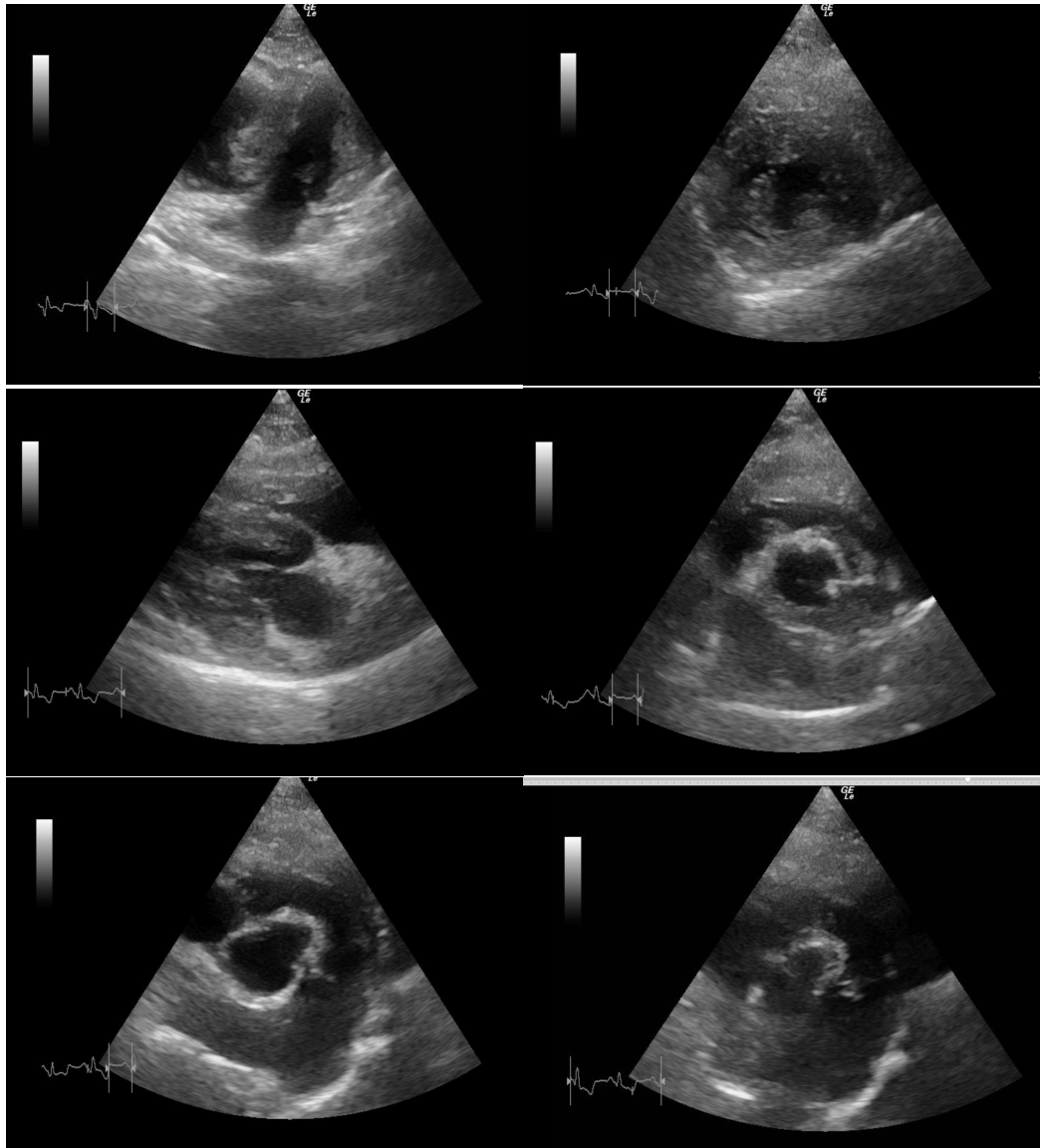
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) Diplomate ECVIM-CA**

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