



PATIENT

Oliver Mackenzie

SPECIES

Canine

BREED

Silky Terrier

SEX

Neutered Male

AGE

16 Years 8 Months

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sammi Fuller

HOSPITAL NAME

Hart Family VC

REFERRING VET

Dr. Sammi Fuller

INVOICE

35419

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Grade 3/6 murmur interested in GA for eyelid mass removal that is irritating eye asymptomatic currently for cardiac dz- no coughing, no laboured breathing not on any cardiac medications recent BW slightly elevated SDMA 15, n 0-14 BP average of 5 readings: 101/56 (71) otherwise unremarkable.

Abnormal PE/Chem/CBC/UA Results: Chest Xrays: no cardiomegaly no indication for pulm edema ECG: P for every QRS QRS for every P however irregular rhythm visible- sinus or other?

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	NM	NM	NM	1.11	34	--	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	--	NM	0.49	--	2.89	2.43	1.61

ECG Interpretation

Every p-wave was followed by a QRS complex and every QRS complex was preceded by a p-wave. QRS complexes are narrow and regular. The heart rate was approximately 120 b/p/m. Heart rhythm was regularly irregular. There seems to be a variation that could be compatible with a benign respiratory sinus arrhythmia, which is a variation of the heart rate with the respiratory phase.

Cardiac Presentation

The left atrium was normal in all 3 views. The mitral valve shows myxomatous changes with moderate mitral valve regurgitation. The left ventricle was normal. The myocardium was normal. Contractility was normal. At the level of the left ventricular outflow tract, there is severe aortic insufficiency. The right atrium was normal. No evidence of masses. The tricuspid valve shows myxomatous changes with mild tricuspid valve regurgitation. The right ventricle was normal. The pulmonic tract was normal. No



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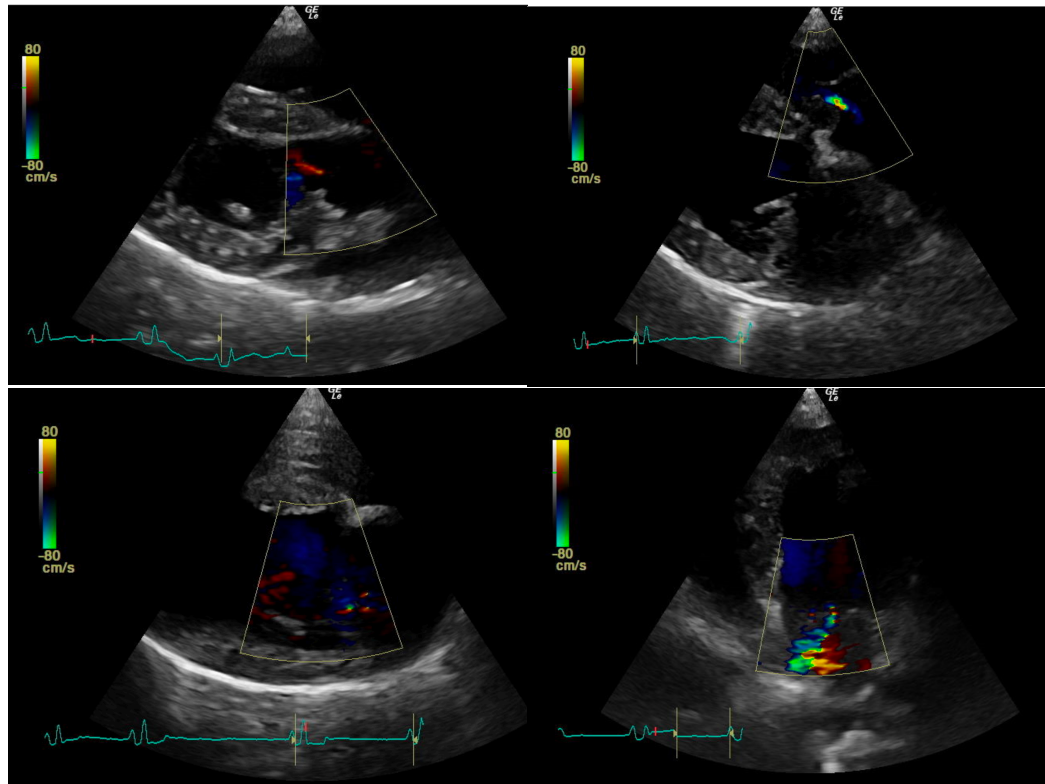
visible pericardial effusion or pleural effusion. The cranial mediastinum and pericardial regions were free of masses in the visible windows.

ULTRASONOGRAPHIC FINDINGS

- ACVIM myxomatous mitral valve disease, stage B-1 with moderate mitral valve regurgitation, concomitant mild tricuspid valve regurgitation, and concomitant severe aortic insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck is recommended in one year. No medications are necessary. For the sedation/anesthetic protocol, I would usually recommend 0.2 mg/kg of midazolam, + 0.3 mg/kg butorphanol, + alfaxalone to affect.



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)



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info@SonoPath.com

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