



PATIENT

Napolean Ring

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

10 Years 6 Months

WEIGHT

14.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Halloran

INVOICE

35898

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Dyspnea, increased resting respiration rate (>30 BPM), coughing, exercise intolerance, grade 4/6 L-sided parasternal HM. marked effort when breathing, wheezing, overall harsh lung sounds, no obvious crackles, history of Bulla of lung. MEDS: Pimobendan 2.5 mg in AM, 1.25 mg in PM, Lasix 12.5 mg BID, Tussigon 2.5 mg PO PRN for cough.

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	5.12	--	1.82	1.80	54	86	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	112	1.12	1.44	14.4 lbs	3.18	3.53	1.61

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. The left atrium is mildly dilated. 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 without 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 is distended. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- ACVIM, myxomatous mitral valve disease, stage B-1
- Mild left atrial dilation
- Distended pulmonary artery



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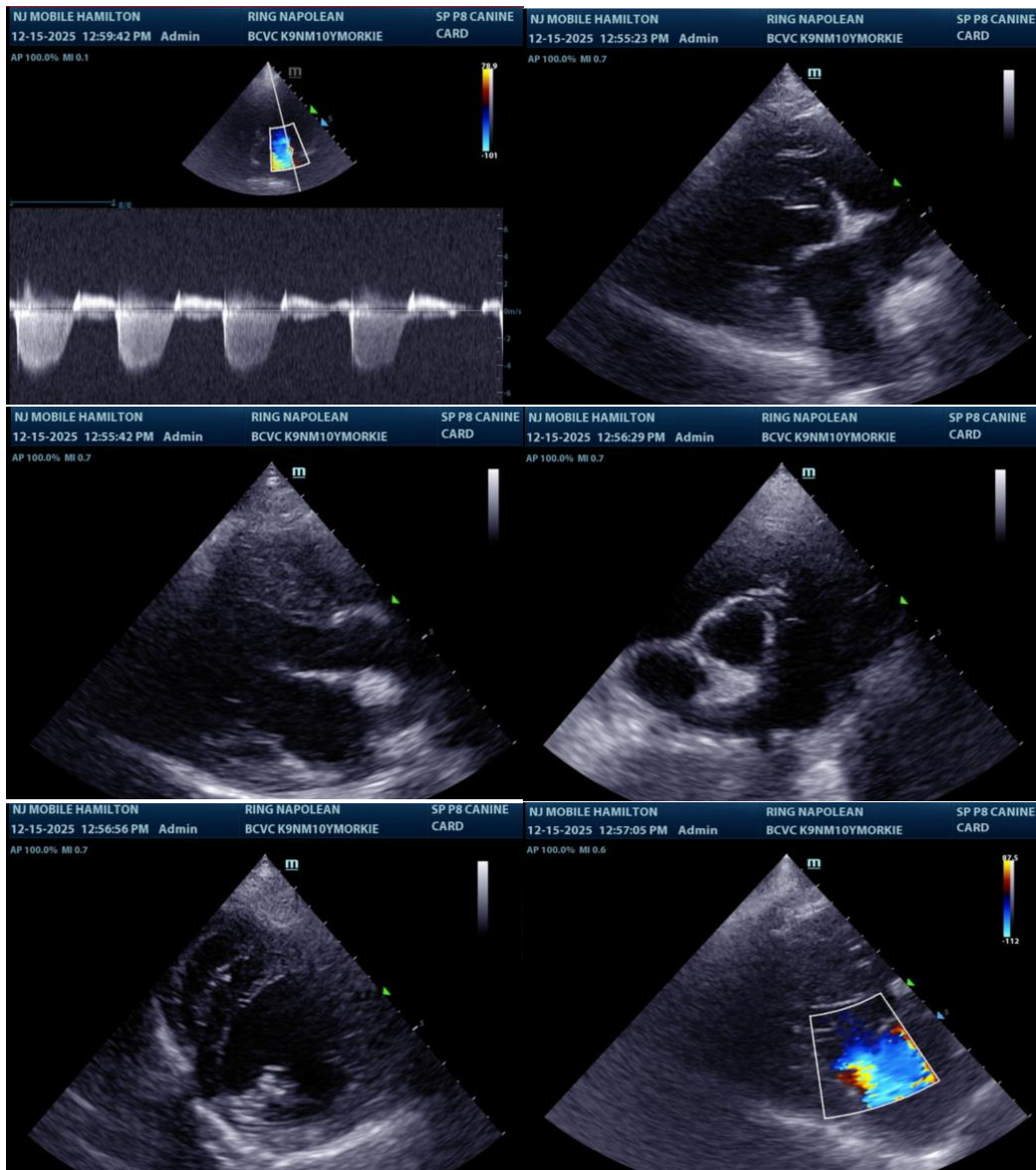
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dilation of the pulmonary artery might be secondary to pulmonary hypertension; therefore, I would recommend stopping furosemide, continue the pimobendan, take thoracic radiographs, and adjust the medication and management accordingly.



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



PATIENT

can be of any further assistance please contact me.

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