



PATIENT

Albus Rosebud Rescue

SPECIES

Canine

BREED

Pomeranian

SEX

Male Neutered

AGE

2yr 3wk (12/22/23)

WEIGHT

7.4 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Jenni Tudini,
MRCVS, SDEP Cert
(abdo)

HOSPITAL NAME

East Aurora VH

REFERRING VET

Dr. Megan Dudek

INVOICE

13086

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Patient found to have a Grade 5/6 systolic murmur during recent examination. Patient is asymptomatic. Currently under care with a rescue and minimal historical information on patient.

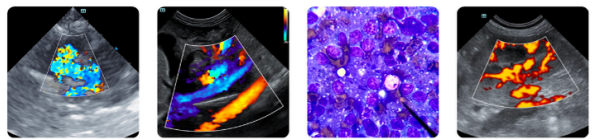
Abnormal PE/Chem/CBC/UA Results: BAR, friendly, BCS 3/9 MM pink and moist CV- normal rate and rhythm, grade V/VI systolic murmur Lungs- normal rate and effort, normal bronchovesicular sounds bilaterally - 4Dx: NEG x 4

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	--	--	--	1.9	46	76	0.49
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	NM	1.4	1.2	7.4	3.5	3.9	--

Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented overall non-thickened appearance with normal extension in systole, union and diastole. Doppler indicated mild primarily centralized insufficiency. The **left ventricle** presented normal to mildly decreased thicknesses with linear contour and severe increased LV dimension/sphericity. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity noted. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, significant turbulent to dynamic chaotic outflow pattern with normal diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity with mild pulmonic valve insufficiency note don doppler. No visible **pericardial** or free pleura fluid was noted. No echographically detectable



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evidence of cardiac / pericardial tumors was visible. Subjective evidence of mild hepatic congestion without current ascites.

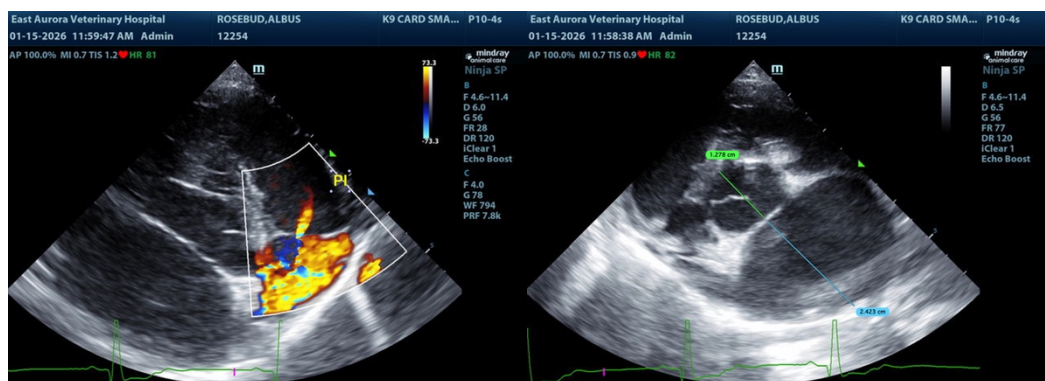
ULTRASONOGRAPHIC FINDINGS

- Severe LA/LV enlargement
- Mild centralized MR
- Dynamic/turbulent RV outflow pattern with normal measured RV outflow velocity
- Mild pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of severe LA/LV enlargement is consistent with left heart volume overload, lack of DCM criteria given normal LV systolic function and turbulent to dynamic RV outflow pattern with normal measured RVOT velocity. A congenital shunt most consistent with PDA is probable. The degree of LA/LV enlargement indicates the current and future risk of complication is severely elevated despite lack of current clinical signs. Emerging concurrent increased pulmonary pressure is suspected with evidence of early yet compensated hepatic congestion.

Pimobendan 0.3 mg/kg PO BID is recommended with close monitoring of resting respiration rate for evidence of left-sided congestion or pulmonary hypertension. Lowest effective dose diuretic therapy, i.e. Furosemide would be indicated if elevated resting respiration rate or radiographic evidence of left-sided congestion. Monitoring of systemic BP and ECG indicated. Referral to local cardiologist for further assessment and clarification with consideration for interventional or surgical procedures indicated. Given degree of left-sided enlargement, extremely guarded prognosis going forward is indicated.





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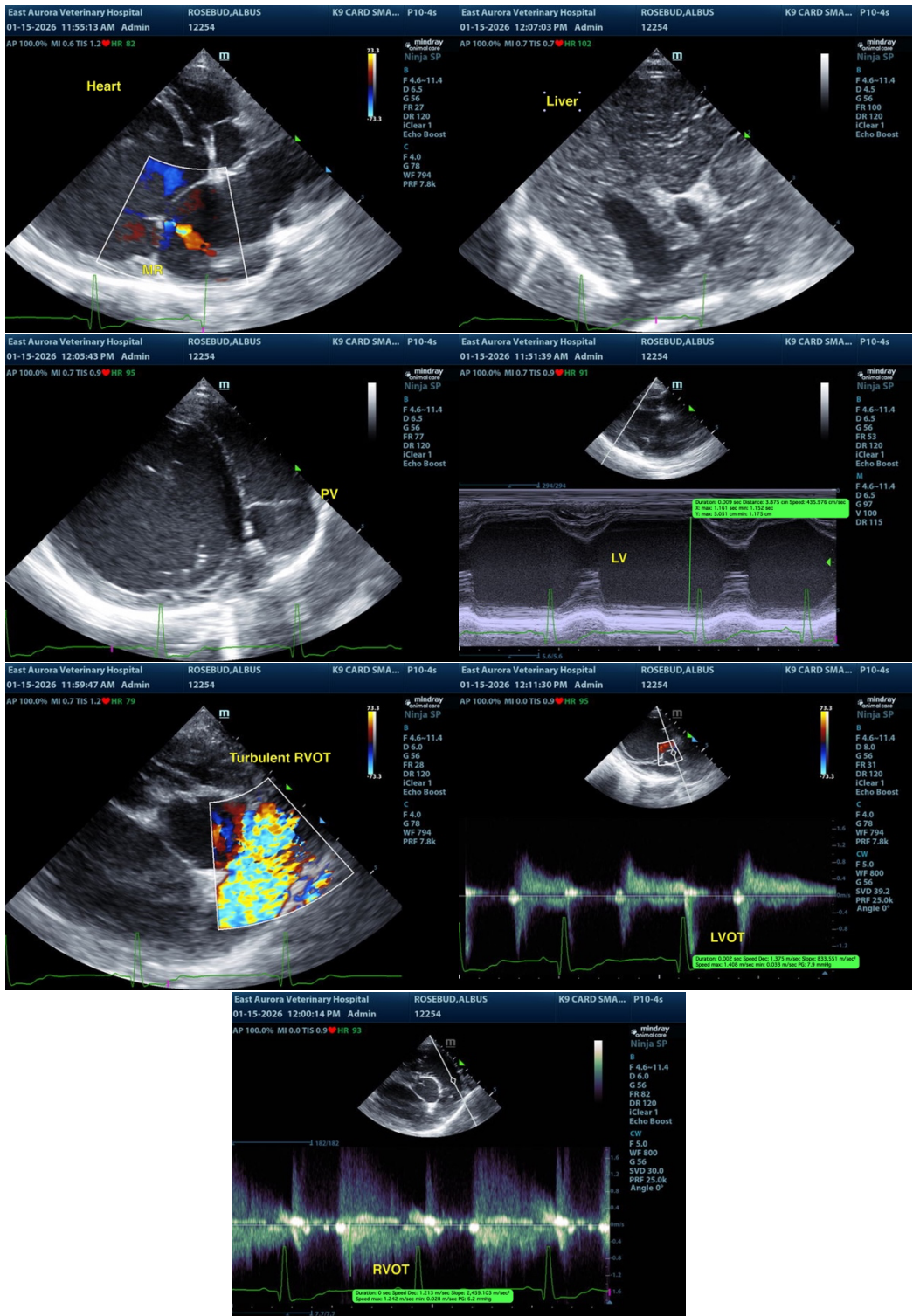
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com