PATIENT

Huntress Barlak

SPECIES

Canine

BREED

Manchester Toy Terrier

SEX

Female Spayed

AGE

10y 5m

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Black River VH

REFERRING VET

Dr. Tack

INVOICE

13088

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Recheck. Dog is doing well. Grade 3/6 murmur (left greater than right) Myxomatous mitral valve Disease Stage B2

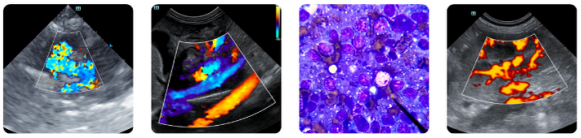
Abnormal PE/Chem/CBC/UA Results: Last bloodwork from 9/30/25 was all WNL

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	5.8	2.2	--	1.63	50	82	0.3
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	1.2	1.0	10	3.2	2.7	--

Cardiac Presentation

The echocardiogram in this patient demonstrated minor deviated intra atrial septum based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated measurable moderate eccentric insufficiency. MR velocity measured 5.8 m/s. The **left ventricle** presented mild increased dimension. 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. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated mild thickening with mild TV insufficiency noted on doppler. Measured TR velocity 2.2 m/s. 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, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of hepatic congestion or arrythmia present.



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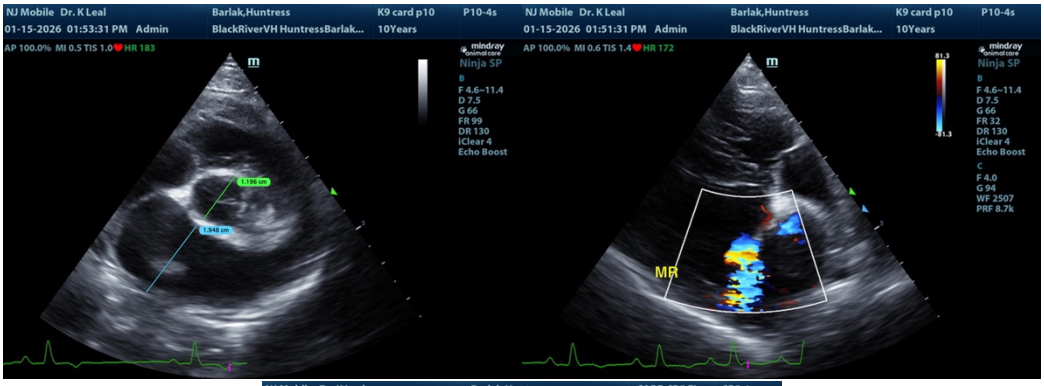
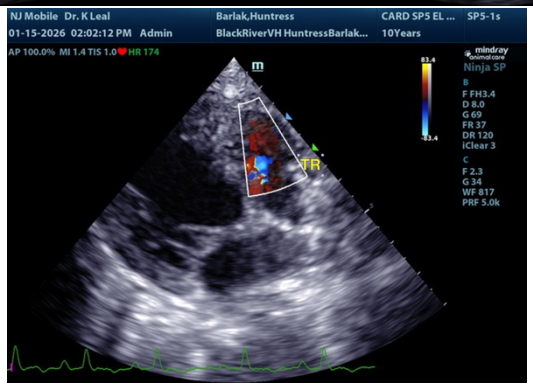
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (persistent stage B2)
- Mild TV insufficiency – no evidence of clinical pulmonary hypertension

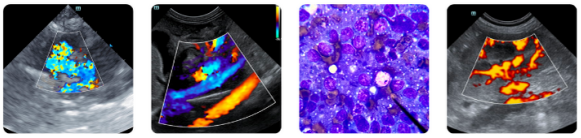
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essential static cardiac presentation compared to the previous study without evidence of overt progression. Continued Pimobendan 0.3 mg/kg BID is recommended. Assuming patient remains non-clinical, no indication for additional cardiac medication based on monitoring the resting respiration rate going forward as advised along with sonographic monitoring. Recheck echo in 6 months, sooner if clinically indicated. Anesthetic risk is considered mildly elevated. If required, the following protocol is suggested with clinical monitoring. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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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