



PATIENT

Jackson Grissom

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MI

AGE

7yr

WEIGHT

6.3lb

PRESENTING CLINICAL SIGNS

Jackson presented to the AVES emergency service for wheezing, coughing, and difficulty breathing.

Abnormal PE/Chem/CBC/UA Results: 1/12/26 at ER. Heart rate and rhythm regular, femoral pulses strong and synchronous, Grade 5/6 primarily L sided murmur ausculted at this time. 1/14/26 at ACVC. PR=5/6 murmur, was seen via ER a few days ago for cardiac insufficiency, was put on pimobendan and furosemide and is doing much better

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	--	--	--	1.75	45	78	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	1.0	0.9	6.3lb	2.4	2.5	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care Veterinary
Center

REFERRING VET

ER/Gabbard

INVOICE
23571

DATE
01/15/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased left atrial size based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Doppler indicated moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and moderate increased LV 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 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, 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 arrhythmia.



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ULTRASONOGRAPHIC FINDINGS

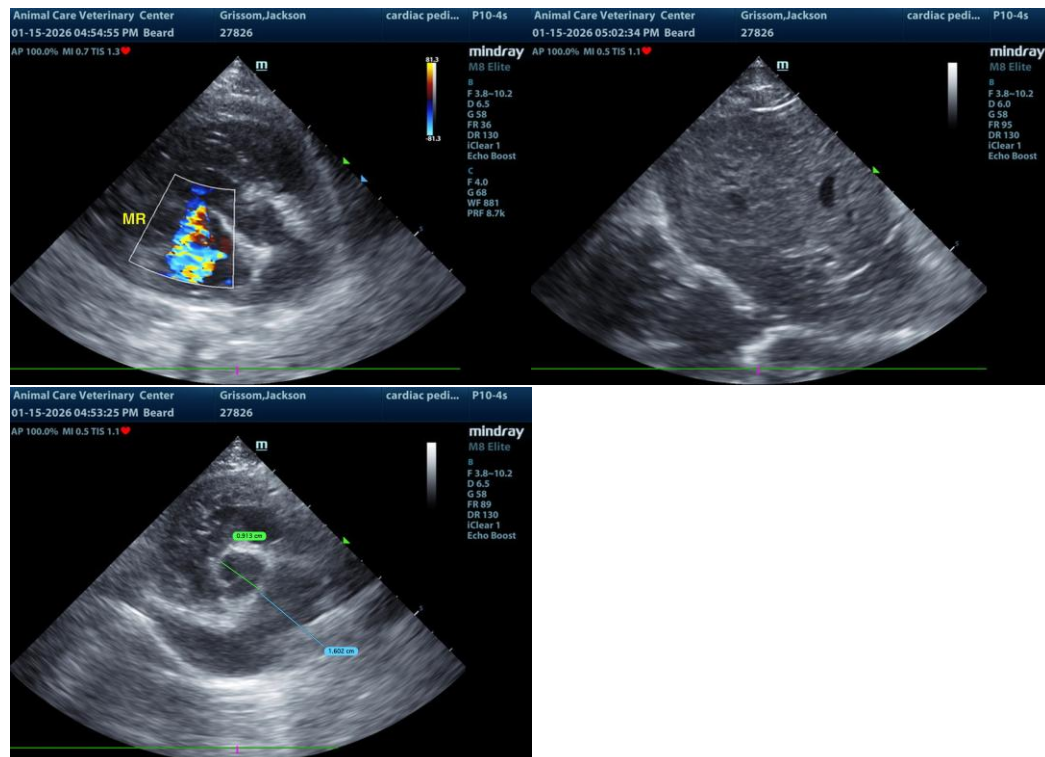
Primary

- Chronic mitral valve disease with mitral valve prolapse (ACVIM B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA enlargement indicates the current and future risk of complications secondary to MR is at least moderately elevated with potential emerging left heart volume overload given positive response to diuretic therapy. Multicentric causes of the respiratory abnormalities which may include main stem bronchi irritation or concurrent lower airway disease possible. No overt evidence of clinical pulmonary hypertension. Continued current therapy at lowest effective dose of furosemide is warranted. Concurrent respiratory support, including antitussive medication hydrocodone may prove beneficial. The cardiac prognosis is guarded to variable with sonographic monitoring advised. A recheck echo recommended in 6 months sooner if progressive clinical signs. The current anesthetic risk is moderate yet likely mildly reduced once on Pimobendan for 3-5 days.

If required, the following protocol is suggested with limited anesthetic time and judicious IV fluid use with clinical monitoring. Suggested anesthetic protocol may include opioid or Benzodiazepine premed, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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



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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.

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info@sonopath.com

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