



PATIENT

Toby Romano

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

41.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

The Gentle Vet

REFERRING VET

Dr. Dulude

INVOICE

13199

DATE

01/16/26

PRESENTING CLINICAL SIGNS

6 mo Recheck. Owner reports increased coughing.

Meds: Pimobendan, Cough tabs, Lasix, Enalapril

Abnormal PE/Chem/CBC/UA Results: UPC 0.9, USG 1.019. Lab work NWL

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 | 5.1 | 3.6 | NM | 2.3 | 43 | 74 | 0.4 |
| 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 | 127 | 1.1 | 0.6 | 41.2 | 5.5 | 4.7 | -- |

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 thickening consistent with endocardiosis. Doppler indicated measurable significant eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour and mildly progressive increased LV dimension and sphericity compared to the previous study. 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 thickening with TR on doppler (estimated 51.0 mm of some mercury pressure). 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 arrhythmia or hepatic congestion.

ULTRASONOGRAPHIC FINDINGS



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- Chronic mitral valve disease- mildly progressive compared to previous study (ACVIM stage C).
- Mild to moderate pulmonary hypertension.

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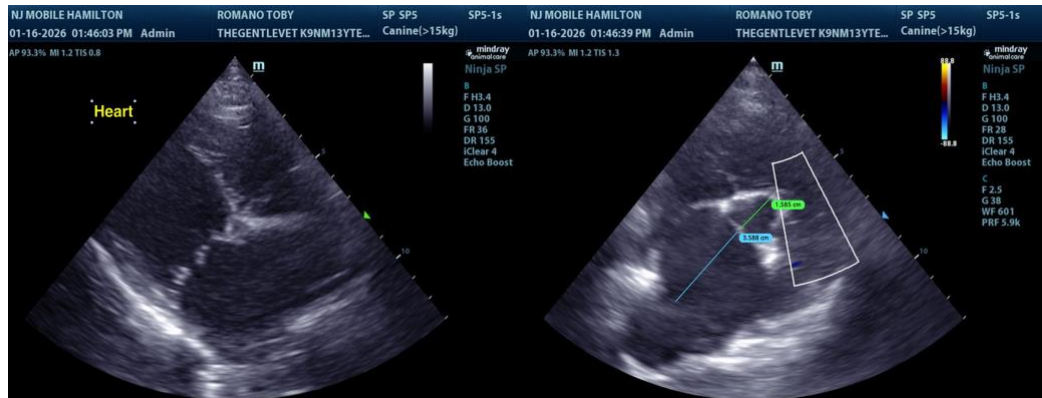
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evidence of mild progressive LA/LV enlargement compared to the previous study indicating continued significant increased risk of complications, secondary to MR including progressive CHF, development of malignant arrhythmia in conjunction with evidence of mild to moderate pulmonary hypertension.

Continued Pimobendan at current dose, Lasix/spironolactone combination both 1.0 to 2.0 mg/kg BID, ACE inhibitor with monitoring a systemic BP and if clinical signs consistent with pulmonary hypertension i.e. syncopal episodes, current coughing, low dose sildenafil trial 1.0 to 2.0 mg/kg BID is recommended. Continued as needed antitussive medication is recommended.

Monitoring of renal parameters and ECG as well as resting respiration rate going forward is advised. Serial sonographic monitoring is indicated as a prognosis is highly variable to guarded. Elective anesthesia is not advised. Recheck echo is recommended in six months or sooner if progressive clinical signs.





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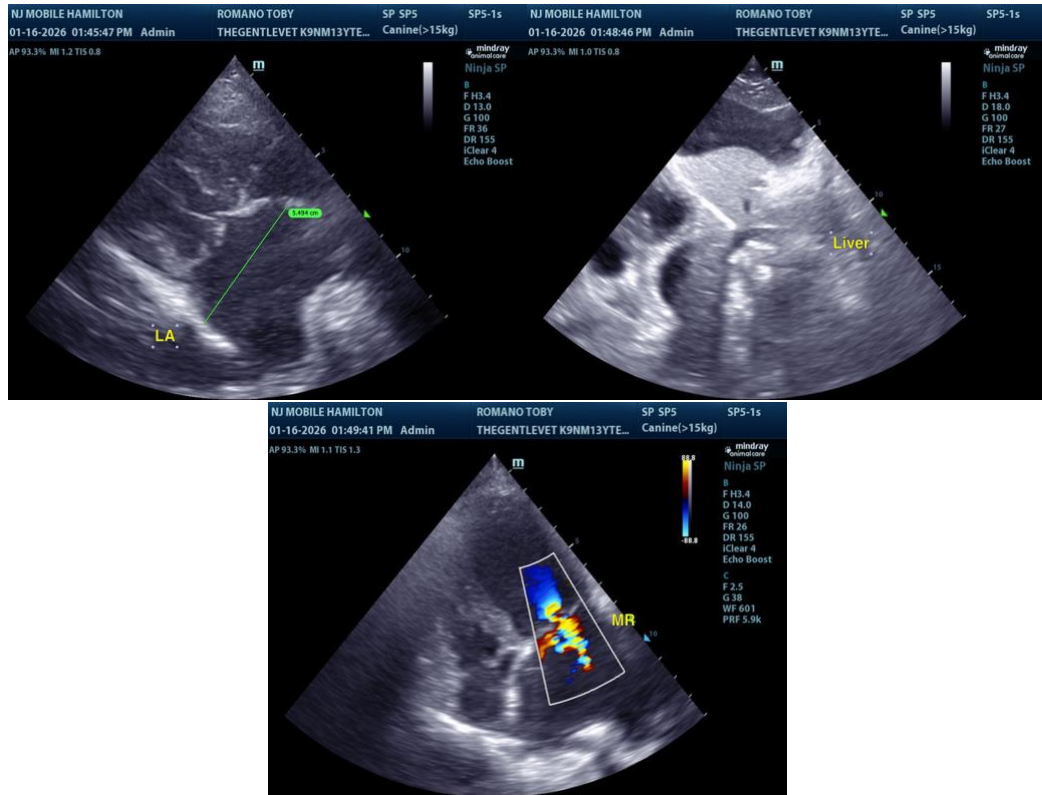
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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