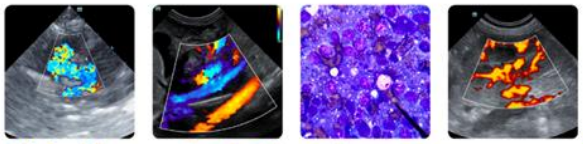

PATIENT
Annalie Schutte

SPECIES
Canine

BREED
Spitz Mix

SEX
F

AGE
13yr

WEIGHT
5.8kg

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

IMAGING PERFORMED BY
Dr. Samad Khan

HOSPITAL NAME
The Veterinary Surgery

REFERRING VET
Dr. Samad Khan

INVOICE
23598

DATE
01/17/2026

PRESENTING CLINICAL SIGNS

For echo came in with a dental abscess on x-rays, cardiomegaly, and pleural effusion, echo to make sure anesthesia can be done

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	--	--	--	1.3	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	NM	NM	5.8kg	2.5	2.4	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. No evidence of valve prolapse. Doppler assessment of the mitral valve was not definitive for significant MR. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. 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 infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window. No overt arrythmia.

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ULTRASONOGRAPHIC FINDINGS

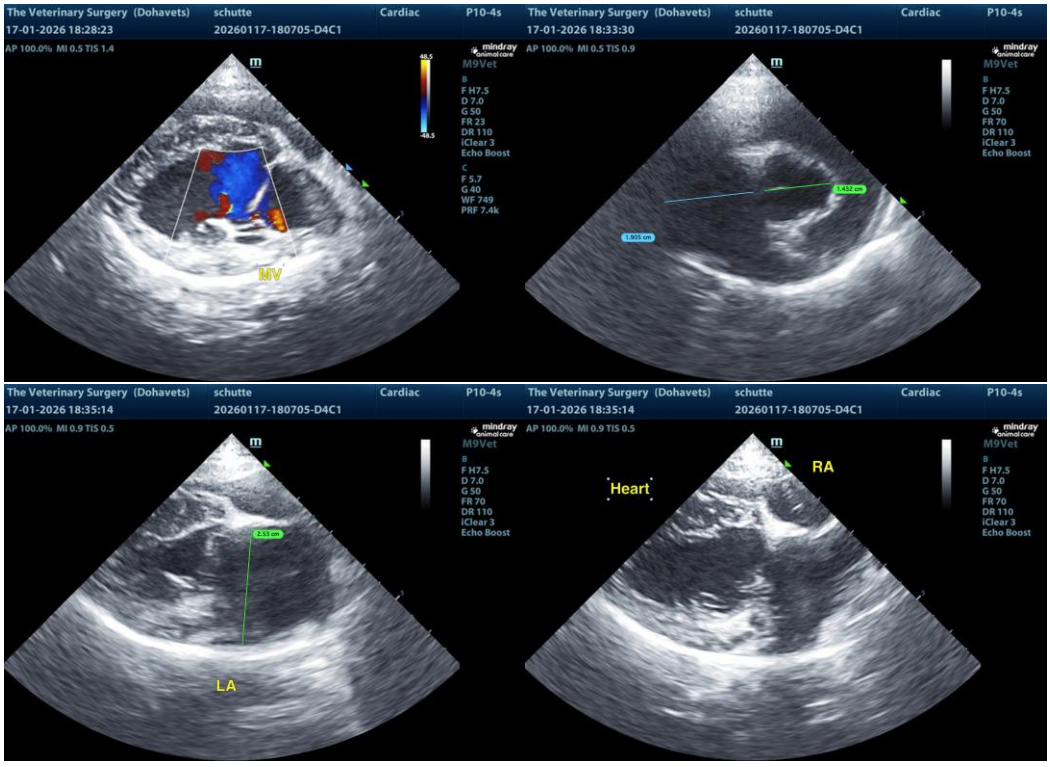
Primary

- Overall normal cardiac structure / function
- Mildly thickened mitral valve suggestive of chronic mitral valve disease (B1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant cardiac clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, arrhythmia or overt clinical pulmonary hypertension. Regardless of classification the lack of cardiac chamber enlargement, specifically LA enlargement given mitral valve thickening indicates current and future risk of complication is low. No indication for cardiac medication. No evidence of cardiogenic component to reported pleural effusion if present. Non-cardiac pleural effusion is probable.

Anesthetic risk is low. Echocardiographic monitoring based on clinical signs with initial recheck in 6 to 12 months is suggested. 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.



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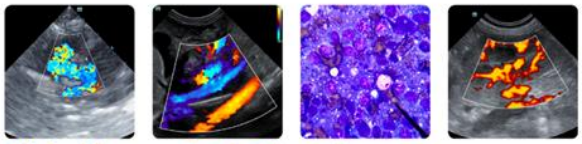

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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