



PATIENT

Peanut Nail

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

8yr

WEIGHT

1.25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kalenius DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Emily Kalenius DVM

INVOICE
23587

DATE
01/17/2026

PRESENTING CLINICAL SIGNS

Presented 1/15 late night for labored breathing after seeing rDVM 1/14 for coughing and labored breathing. RDVM took radiographs saw cardiomegaly and initiated Vetmedin 1.25mg 1/2 tab BID, last @ 8PM 1/15/26 Furosemide Oral 10mg/ml 0.5ml (4mg/kg) PO BID Hydrocodone Syrup PRN cough

Abnormal PE/Chem/CBC/UA Results: Presenting PE tachypnea 5/6 left apical systolic heart murmur mild generalized muscle wasting. Presenting RADS L sided cardiomegaly with extensive interstitial-alveolar lung pattern: pulmonary changes are most concerning of left heart failure-cardiogenic pulmonary edema. Concurrent aspiration pneumonia remains possible in particular considering the changes along the ventral lung fields. Presenting labs CBC stress leukogram, CREA 0.9, BUN 42 Most recent EPOC 1/17 8 pm BUN 31 mg/dl, CREA 0.67

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 | 5.4 | -- | -- | 2.3 | 52 | 86 | 0.3 |
| 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 | 1.3 | 0.6 | 1.25kg | 2.0 | 2.1 | -- |

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate to significant increased left atrial size based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis and valvular prolapse. No overt chordae tendineae rupture. Doppler indicated significant eccentric insufficiency. The left ventricle presented thicknesses with linear contour and moderate to significant increased LV dimension. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was adequate to mildly dynamic as 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. No obvious TR on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure,



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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. Mild pericardial comet tail artefact was present.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic Mitral Valve Disease with valve prolapse (Stage C)
- Normal RA/RV, no obvious significant TV insufficiency

BREED

Maltese

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

The degree of LA/LV enlargement meets congestive criteria. Adequate to mild dynamic LV contractility. No obvious evidence of significant pulmonary hypertension such as RA/RV or pulmonary artery enlargement. Multicentric causes of the respiratory signs such as concurrent lower airway disease i.e. pneumonitis vs other inflammation, infection, etc. possible. Continued Pimobendan and IV diuretic with concurrent respiratory support i.e. consideration for empirical antibiotics +/- conservative steroid administration with assessment of clinical response is recommended.

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Spirolactone 1-2 mg/kg BID in conjunction with Furosemide may prove beneficial. ACEI 0.5 mg/kg SID if systemic BP >130. Prognosis is guarded. Recheck echo as needed, 4-6 months if patient is stable.

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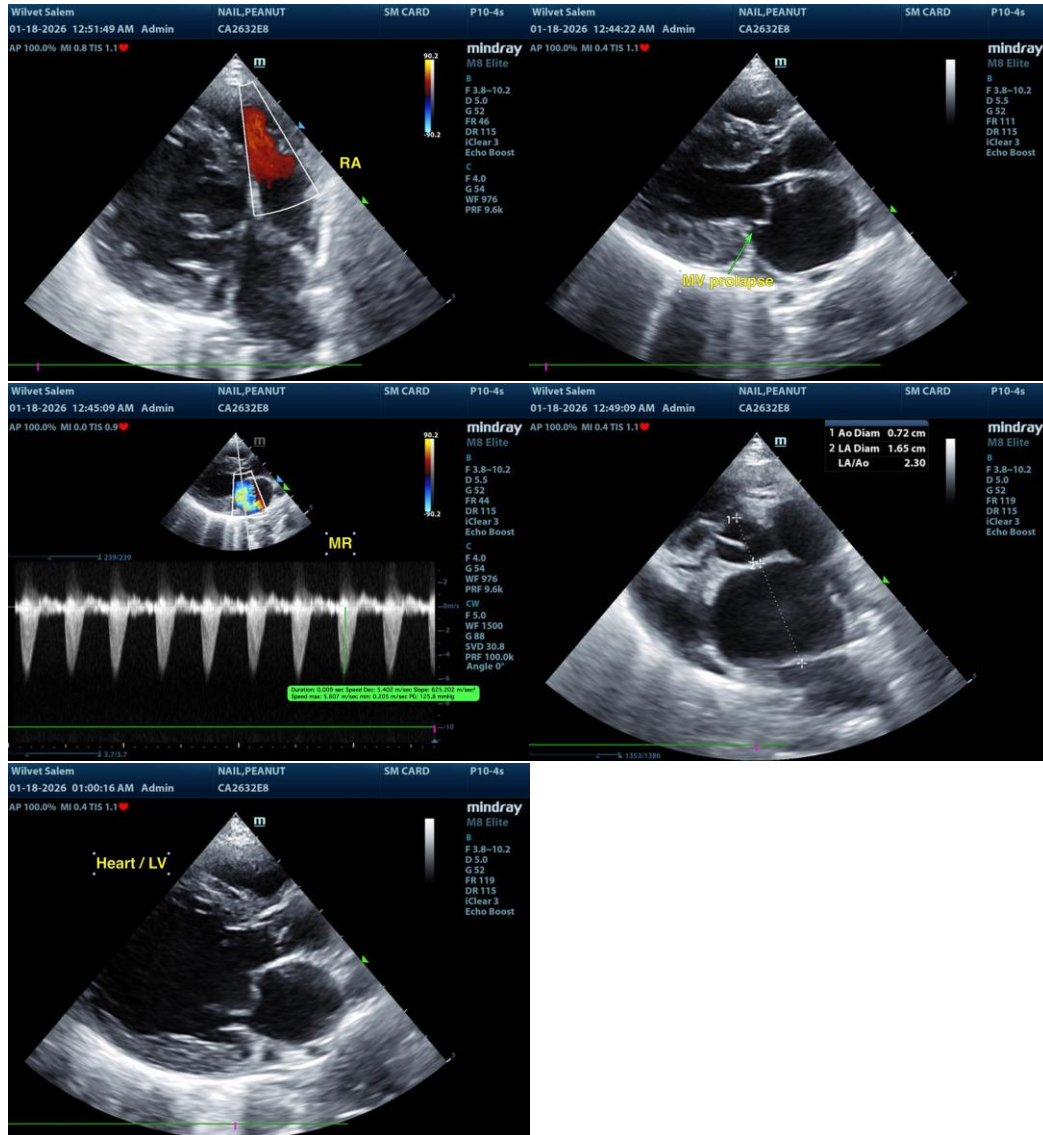
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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