



## PATIENT

Sophie Piccinin

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

6.65 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Judy McFarlen

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Judy McFarlen

## INVOICE

13266

## DATE

01/19/26

## PRESENTING CLINICAL SIGNS

- Repeat echo, last done May 28th, 2025, read by Sonopath. Patient is asymptomatic. Grade 2 HM Doing well. Mean BP: 120-160 pre-sedation.
- -Current medications: Vetmedin 2.5 mg SID (0.38 mg/kg)
- Sedation with Torbugesic 0.3 mg/kg and Acepromazine 0.03 mg/kg GV20
- Good relaxation without excessive sedation

## 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	--	1.5	NM	1.3	45	78	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	0.8	6.65	2.4	2.1	--

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis with mild septal leaflet prolapse. Doppler indicated moderate eccentric 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 mild thickening with mild TR on doppler. 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.

## ULTRASONOGRAPHIC FINDINGS



**PATIENT**

Sophie Piccinin

- Persistent compensated mitral valve disease (Current B1).
- TV insufficiency- no evidence of clinical pulmonary hypertension.

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Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Similar to most recent echocardiogram. Static to mildly improved cardiac dimension compared to the previous study with possible mild measurement variation. Regardless, the lack of LA enlargement and overall normal LA dimension indicates the current and future risk of complication secondary to MR is low. Consideration for temporary discontinuation of Pimobendan with close clinical monitoring is suggested.

**BREED**

Shih Tzu

Otherwise, continued Pimobendan given the patient's history with sonographic monitoring would be reasonable. Recheck echo is suggested in 8-12 months or sooner if clinically indicated. Current anesthetic risk is considered low. If required, the following protocol 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.

**SEX**

Spayed Female

**AGE**

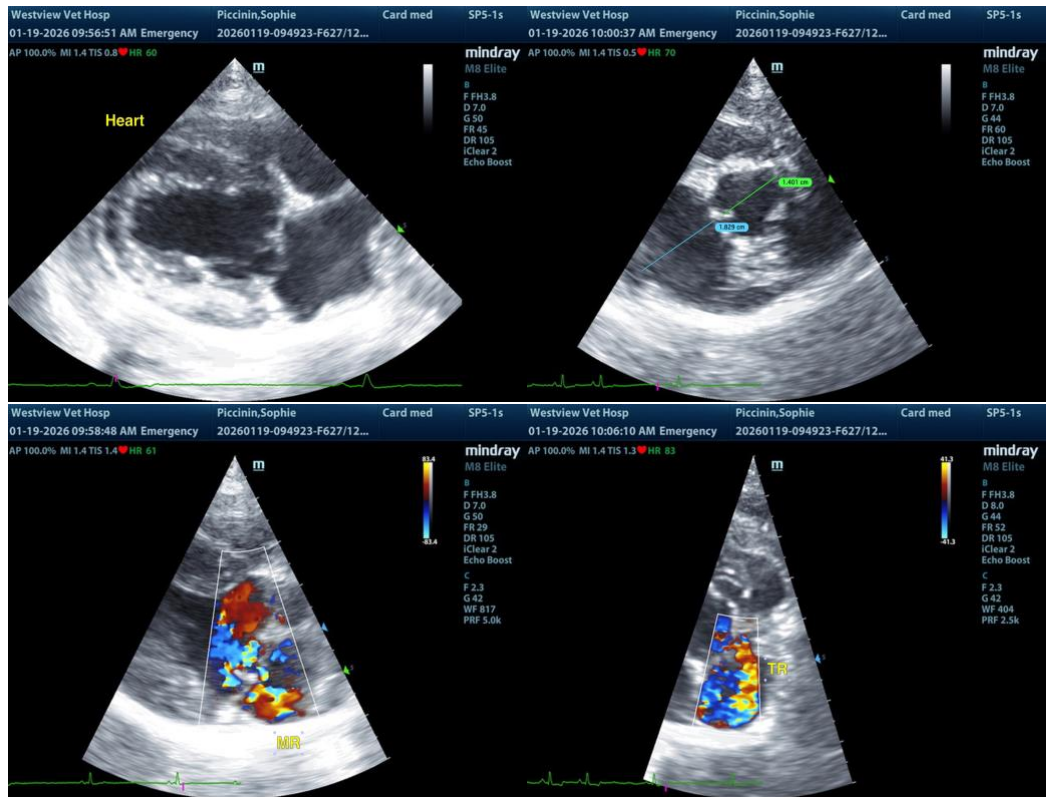
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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

Sophie Piccinin

[info@SonoPath.com](mailto:info@SonoPath.com)

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