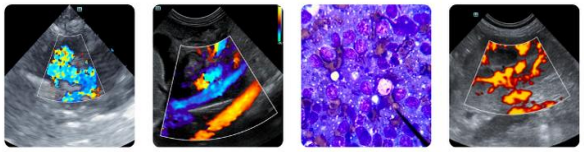


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Bean Oboyle

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

11yr

WEIGHT

24lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatires Denville

REFERRING VET

Dr Silas

INVOICE
23401

DATE
1/2/2026

PRESENTING CLINICAL SIGNS

Coughing, labored breathing, started 6 months ago. hx of collapse trachea. Xrays interstitial pulmonary pattern. Smll valve pleural effusion, mild cardiomegaly. Meds- temeril P

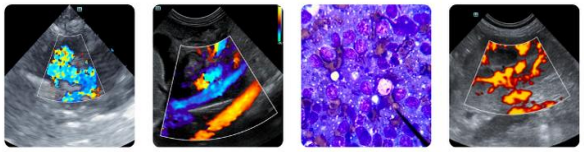
Abnormal PE/Chem/CBC/UA Results: WBC-21 PLT-502 Neut-17712 Anaplas pos.

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	--	<2.0	--	1.5	36	68	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	--	1.8	0.9	--	2.6	2.3	--

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 mild thickening consistent with mild endocardiosis. Doppler indicated mild eccentric insufficiency. 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 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 evidence of pericardial effusion or overt pleural effusion in the visible window. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window. Brief hepatic assessment revealed no evidence of hepatic congestion.



PATIENT

Bean Oboyle

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

11yr

WEIGHT

24lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatires Denville

REFERRING VET

Dr Silas

INVOICE
23401

DATE
1/2/2026

ULTRASONOGRAPHIC FINDINGS

Primary

- Compensated mitral valve disease (B1)
- Mild TV insufficiency- estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension.

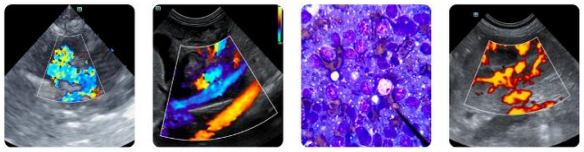
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement is not consistent with volume overload and indicates the current and future risk of complication secondary to MR is low. Without evidence of clinical pulmonary hypertension, the respiratory signs in this patient and radiographic small volume pleural effusion are non-cardiogenic in origin. Primary lower airway disease is probable. No other indication for cardiac medication. Respiratory support and diagnostics indicated.

Echocardiographic monitoring recommended for further prognosis which is considered variable. Recheck echo suggested in 6 to 12 months, sooner if clinically indicated.

Current cardiac anesthetic risk is considered mild. 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.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT
Bean Oboyle

SPECIES
Canine

BREED
Pug

SEX
FS

AGE
11yr

WEIGHT
24lb

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

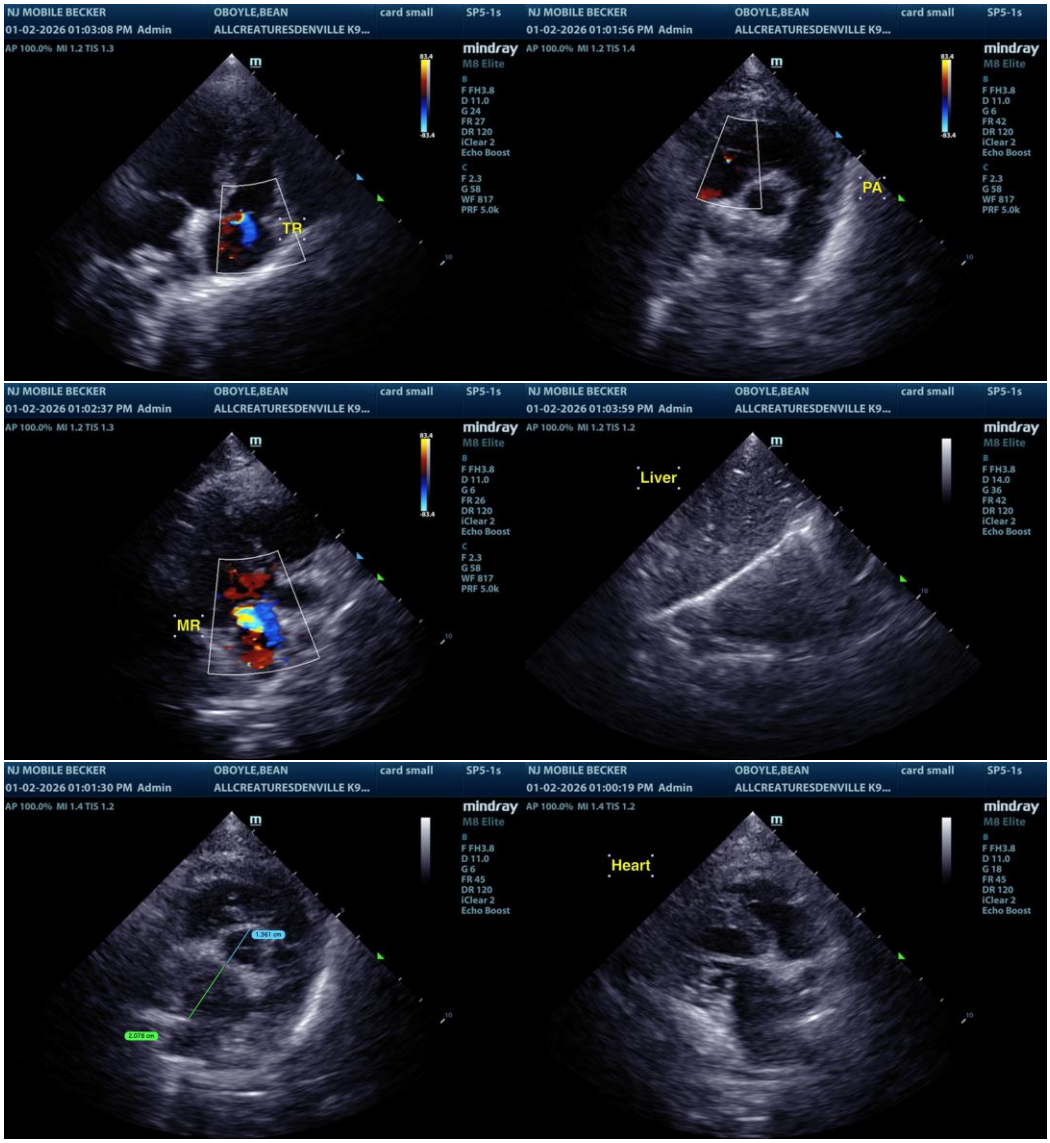
IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
All Creatires Denville

REFERRING VET
Dr Silas

INVOICE
23401

DATE
1/2/2026



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