



PATIENT PRESENTING CLINICAL SIGNS

Bella Canal R/O heart murmur and syncopal episodes, Stage B2 MVD, MTVD suspected. Seizure episode this AM
Meds: Pimobendan, Trazadone, Gabapentin

SPECIES Abnormal PE/Chem/CBC/UA Results: July 25: BUN 60, Creat 1.8, Globs 4.4

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO M-mode	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Shih Tzu								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
FS	PATIENT	--	3-3.5	--	1.42	55	88	0.2
AGE	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)
16yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
NA	PATIENT	--	1.1	0.9	--	2.7	2.3	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr Dodson

INVOICE
23402

DATE
1/2/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased left atrial size based on 2 different LA measurement methods. Mild deviated intra atrial septum present. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Doppler indicated mild to moderate 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 demonstrated thickening with TV insufficiency 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). Mild pulmonic insufficiency measuring 2.0 m/s was present, No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrhythmia. Brief hepatic assessment revealed no evidence of hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

Primary



PATIENT

Bella Canal

- Chronic mitral valve disease parentheses (mild B2)
- TV insufficiency with concurrent mild pulmonic valve insufficiency- estimated pulmonary pressure gradient suggestive of mild pulmonary hypertension

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

16yr

WEIGHT

NA

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given evidence of mild increased LA dimension continued Pimobendan 0.3 mg/kg PO BID is warranted. The degree of LA enlargement was not consistent with clinical left heart volume overload. Mild pulmonary hypertension is questionable in this patient.

Correlation with ECG to assess for evidence of paroxysmal arrhythmia as well as neurological examination is recommended. Low dose sildenafil trial 1-2 mg/kg PO BID could be considered if recurrent progressive syncopal episodes with clinical monitoring. No indication for additional cardiac medication.

Echocardiographic monitoring required for further assessment and prognosis. A recheck echo suggested in 6 months, sooner if progressive clinical signs which may suggest progressive left heart volume overload or pulmonary hypertension.

Current anesthetic risk is considered moderately elevated. If required, the following protocol is suggested with limited anesthetic time and judicious IV fluid administration 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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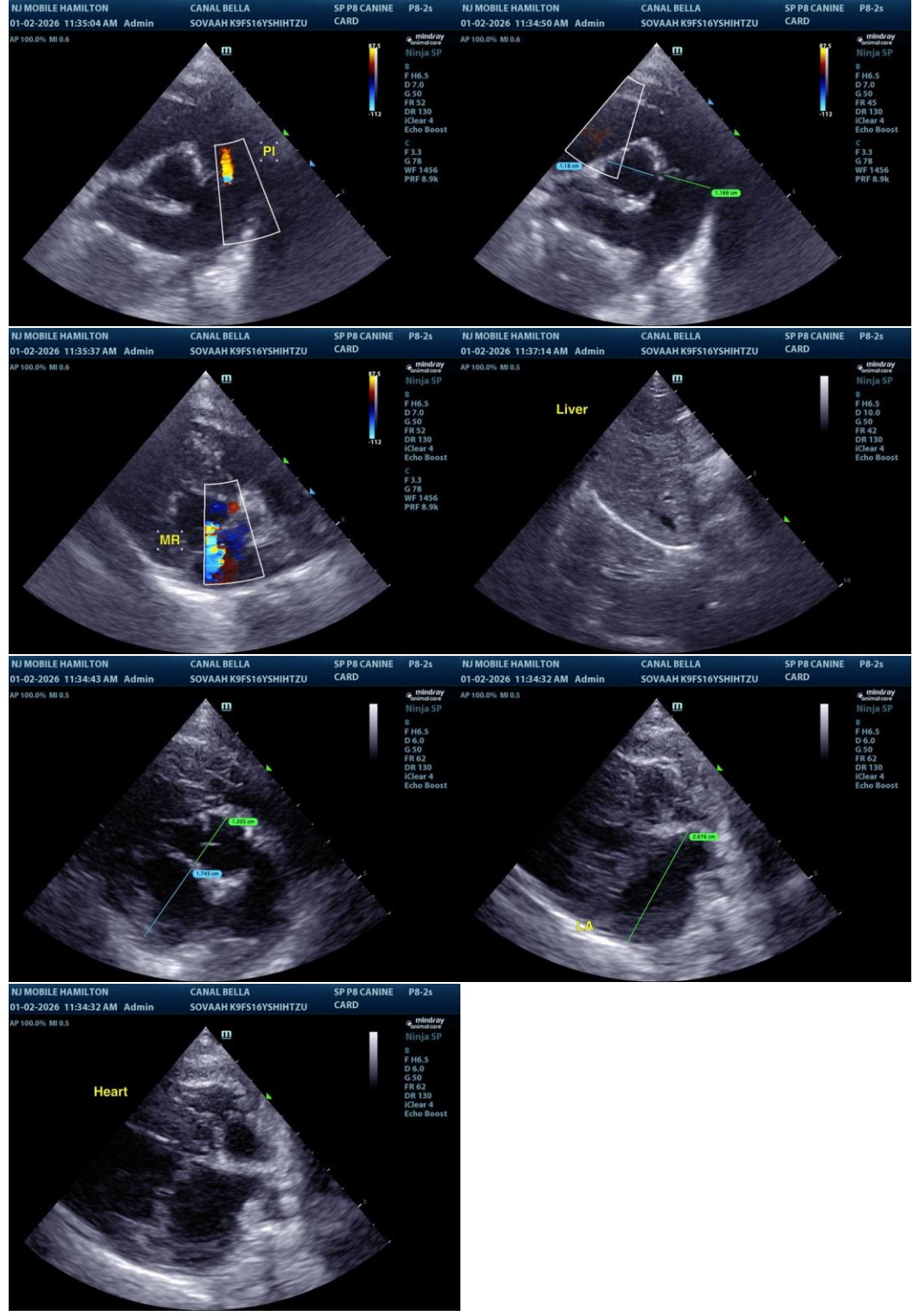
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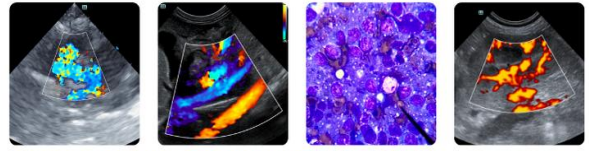
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PATIENT

Bella Canal

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.

SPECIES

Canine

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.

BREED

Shih Tzu

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info@sonopath.com

SEX

FS

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16yr

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