

PATIENT

Molly Nault

SPECIES

Canine

BREED

Poodle X

SEX

FS

AGE

9 yrs

WEIGHT

9.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Tansley Woods VH

REFERRING VET

Dr. Petrowski

INVOICE

10603

DATE

1/29/26

PRESENTING CLINICAL SIGNS

History:

- Grade 4/6 Systolic Heart Murmur
- Current Medications-none

Abnormal PE/Chem/CBC/UA Results: CBC adn Chemistry ALP=430 and PLI=244 Dx Pancreatitis
 Radiographic Findings n/a Primary Question to Be Answered in This Exam Concerns for heart.
 Increased coughing and resting resp rate. Medication needed?

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	5.2	3.0 MAX	-	2.7	48	80	0.3
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	143	1.6	1.3	9.5	3.9	3.8	-

Cardiac Presentation

The echocardiogram in this patient demonstrated significant increased **left atrial** dimension with interatrial septum deviation based on 2 LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable significant eccentric MR (MR velocity 5.2 m/s). The **left ventricle** presented normal thicknesses with linear contour and significant increased LV dimension and increased sphericity. 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 mdl thickening with TR on Doppler with measured TR velocity 3.0 m/s MAX (Estimate 36 mm Hg). The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity



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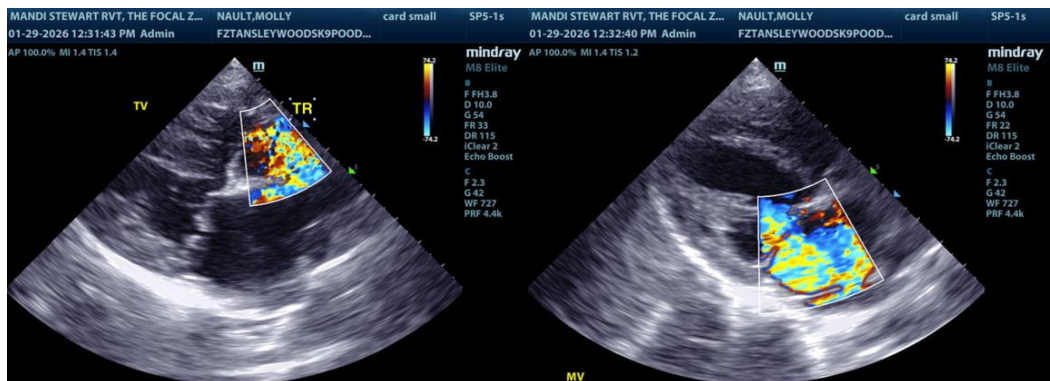
and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrhythmia or hepatic congestion was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with left heart volume overload (Stage C)
- Mild pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary primary eccentric MR and mild TR. The degree of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is significantly elevated with emerging clinical signs secondary to volume overload. Initiate **Furosemide / Spinolactone** 1-2 mg/kg BID, **Pimobendan** 0.3 mg/kg BID. **ACEI** is suggested if systemic BP > 130 (not indicated if <130). Antitussive medication if coughing is suggested. Serial monitoring of resting respiration rate in conjunction with ECG, systemic BP and renal parameters is recommended. This patient may be at increased risk for development of malignant arrhythmia, i.e., atrial fibrillation. Prognosis is considered guarded / variable. Recheck echocardiogram is suggested in 6 months, sooner if progressive clinical signs. Anesthetic risk is significantly elevated with elective anesthesia not advised.





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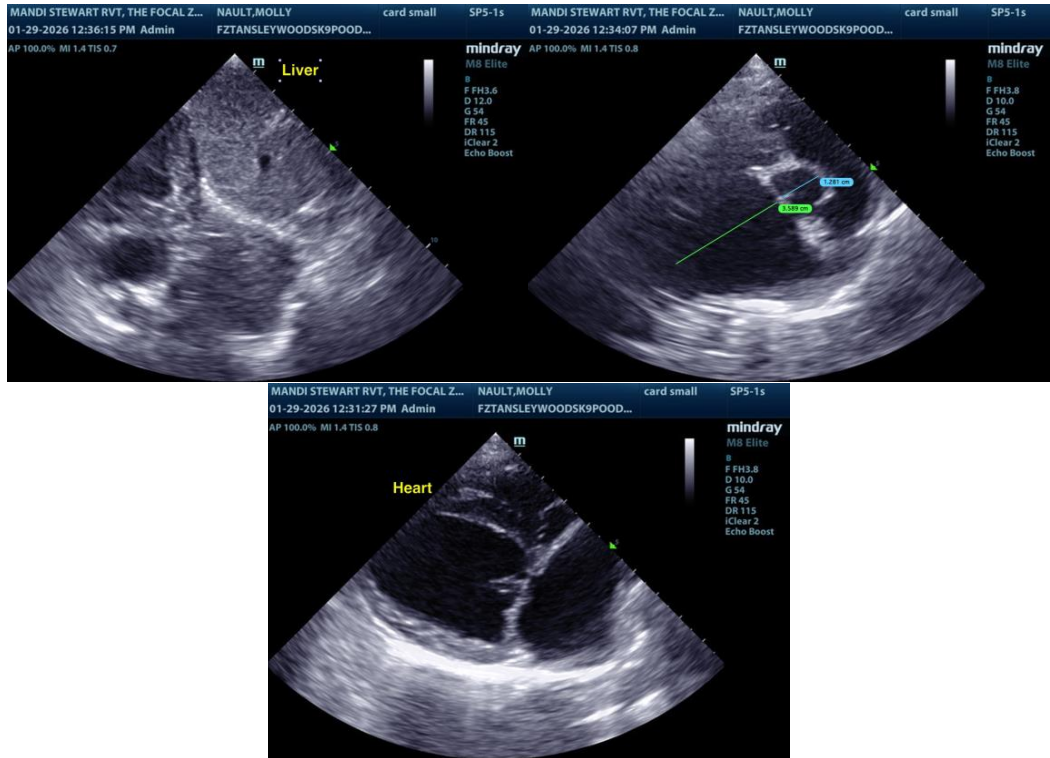
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com