



**PATIENT PRESENTING CLINICAL SIGNS**

Kobe Stable Grade 3/6 murmur

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**SPECIES**

Canine

**BREED**

Cavalier

**SEX**

MN

**AGE**

7yr

**WEIGHT**

33.9lb

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	5.6	--	--	1.75	36	70	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	132	1.4	0.85	--	4.2	4.4	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated moderate increased left atrial size based on 2 different LA measurement methods. Mild deviation the interatrial septum was present. No overt valve prolapse. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable significant eccentric insufficiency. The left ventricle presented thicknesses with linear contour and mild to moderate increased LV dimension. 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**

**Primary**

- Chronic mitral valve disease (B2)
- Mild TV insufficiency- no evidence of clinical pulmonary hypertension

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Companion AH Parsippany

**REFERRING VET**

Dr Tsai

**INVOICE 23452**

**DATE 01/05/2026**



**PATIENT**

Kobe Stabile

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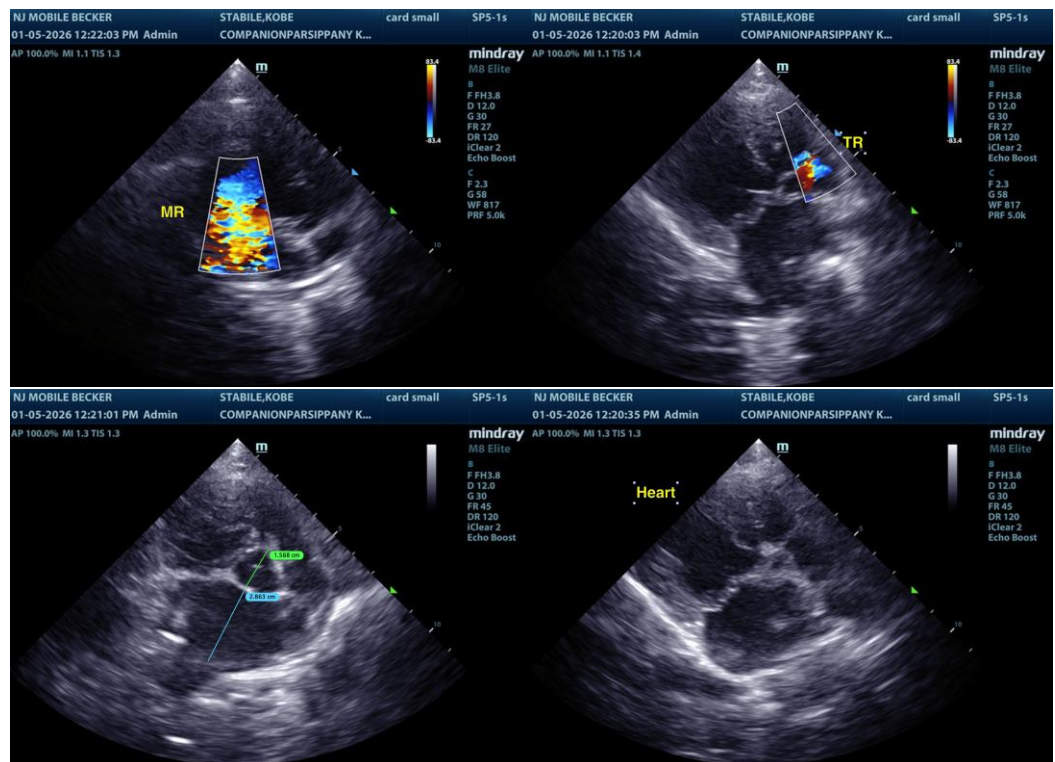
**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is elevated, yet overall, the heart appears stable. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension. Pimobendan 0.3 mg/kg BID is recommended. No overt indication for additional medication. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6 months, sooner if clinical signs arise.

Anesthetic risk is moderately elevated yet likely mildly reduced once on Pimobendan for 3-5 days, if required the following protocol is suggested with 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.





**PATIENT**

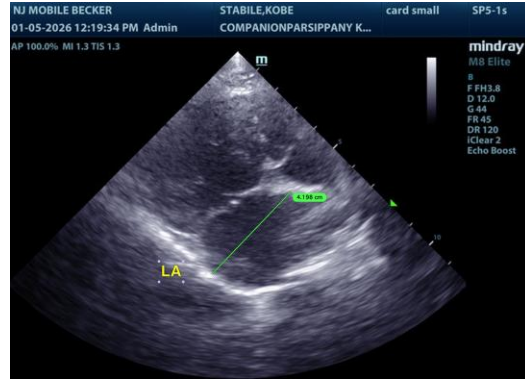
Kobe Stabile

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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.

**AGE**

7yr

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.

**WEIGHT**

33.9lb

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