

PATIENT

Laka Hudspeth

SPECIES

Canine

BREED

Spaniel Mix

SEX

Female Spayed

AGE

11 y

WEIGHT

29.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

Creekside VC Oregon

REFERRING VET

Dr. Strahon

INVOICE

13016

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Prev. PDA Ligation 2015. Some cardiomegaly on last chest rads. Not on any heart meds. Owner has not been checking RRR but no coughing or exercise intolerance concerns.

Meds: Psyllium husk, Phycoc, probiotic. echo prior to anesthesia.

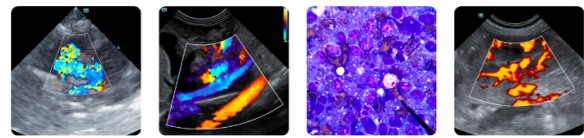
Abnormal PE/Chem/CBC/UA Results: ALP 219, CHOL 489, slight isosthenuria (1.023) . HR 150, RR 30, 7/21: mild cardiomegaly (left atrial, no chf)

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	--	--	--	1.13	35	66	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	NM	1.3	1.3	--	4.0	3.9	--

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 to moderate eccentric insufficiency. The **left ventricle** presented subjective normal to borderline increased LV internal 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 mild prominent aorta measuring 2.2 cm in diameter. Normal measured LVOT velocity with laminar LV outflow. Mild aortic insufficiency. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. 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). Normal measured RVOT velocity noted. No visible **pericardial** or free pleura fluid was noted. No echographically



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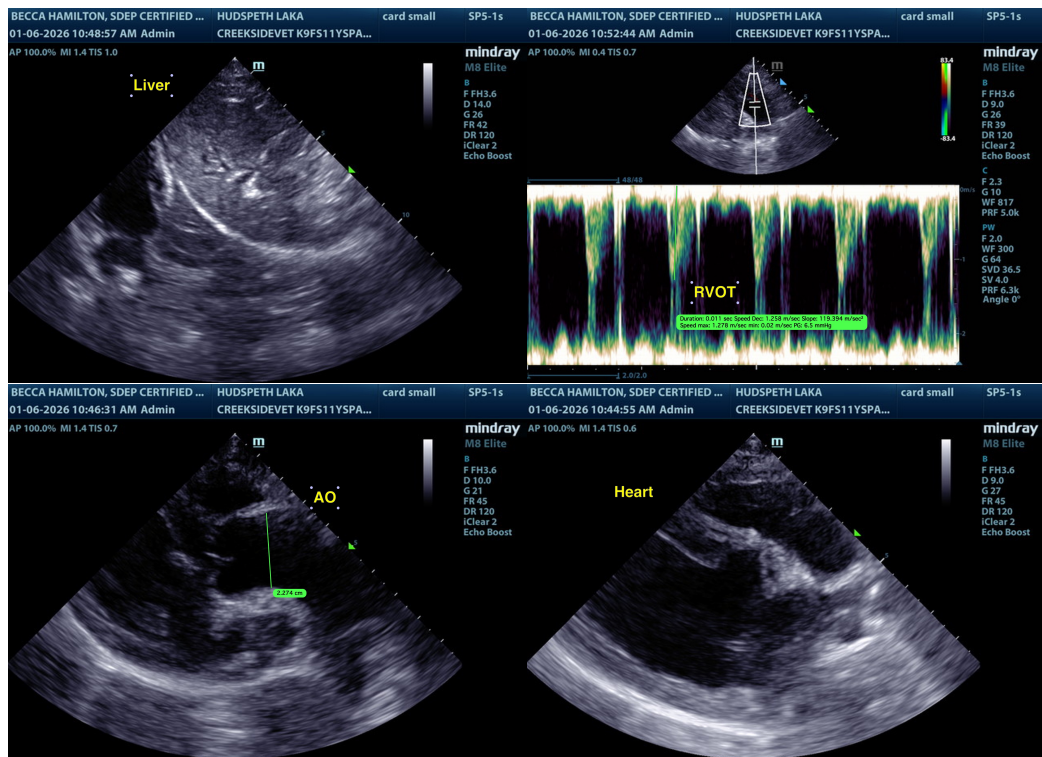
detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrythmia or hepatic congestion.

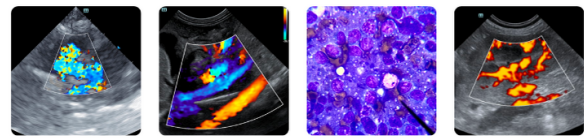
ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve insufficiency (B1)
- Mildly prominent aortic root with mild aortic valve insufficiency
- Normal right atrium/ventricle, normal pulmonary artery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA or LV enlargement indicates the current and future risk of complications secondary to MR is low. In a presumed non-clinical patient without evidence of overt left chamber enlargement. No indication for cardiac medications. Correlation with monitoring of resting respiration rate is recommended. The mild prominent aortic root and mild aortic valve insufficiency is nonspecific. Assessment of systemic BP for evidence of hypertension is recommended. If no evidence of hypertension, cardiac anesthetic risk is considered mild. Cardiac prognosis going forward is considered variable with sonographic monitoring is advised. Recheck echo recommended in 6 months, sooner if clinically indicated, i.e. elevated resting respiration rate, exercise intolerance, etc. 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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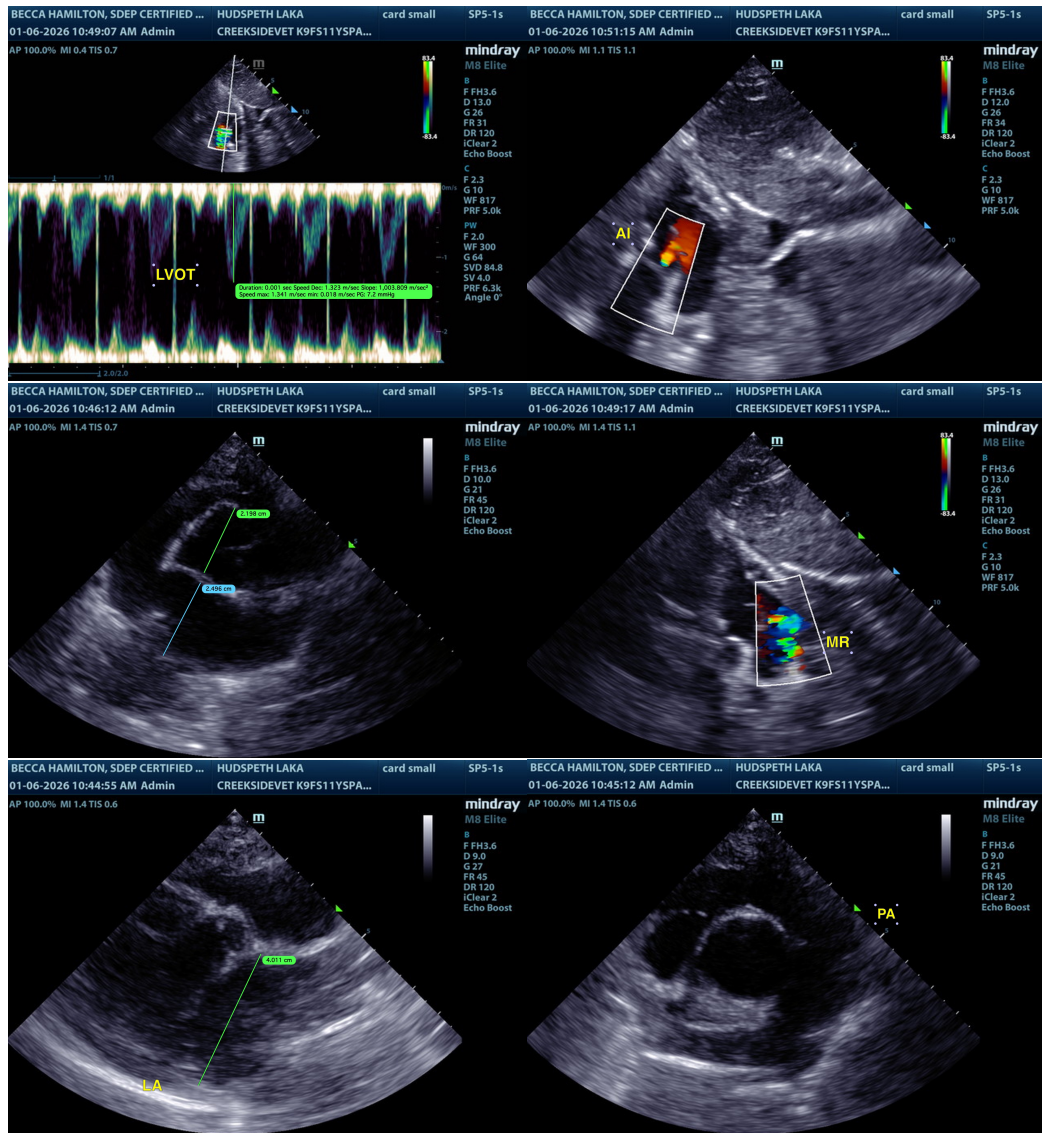
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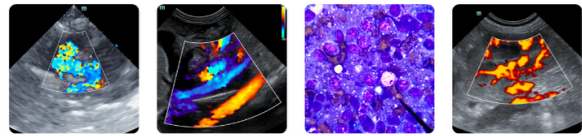


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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