



PATIENT

Maya Garcia

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

12y 10m

WEIGHT

11.7 lbs

INTERPRETED BY

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

PRESENTING CLINICAL SIGNS

History: Concern for cardiac disease. Coughing, heart murmur.

Meds: Furosemide as of yesterday, cough tabs

Abnormal PE/Chem/CBC/UA Results: Not performed

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	46	78	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	93	1.0	0.8	--	3.7	3.4	--

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Boe

INVOICE

13008

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1/6/26

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** size with mild deviated intra atrial septum based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable significant eccentric insufficiency. MR velocity measured 5.3 m/s. The **left ventricle** presented normal thicknesses with 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 adequate linear morphology. No overt significant TR noted 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. No evidence of arrhythmia or hepatic congestion present.



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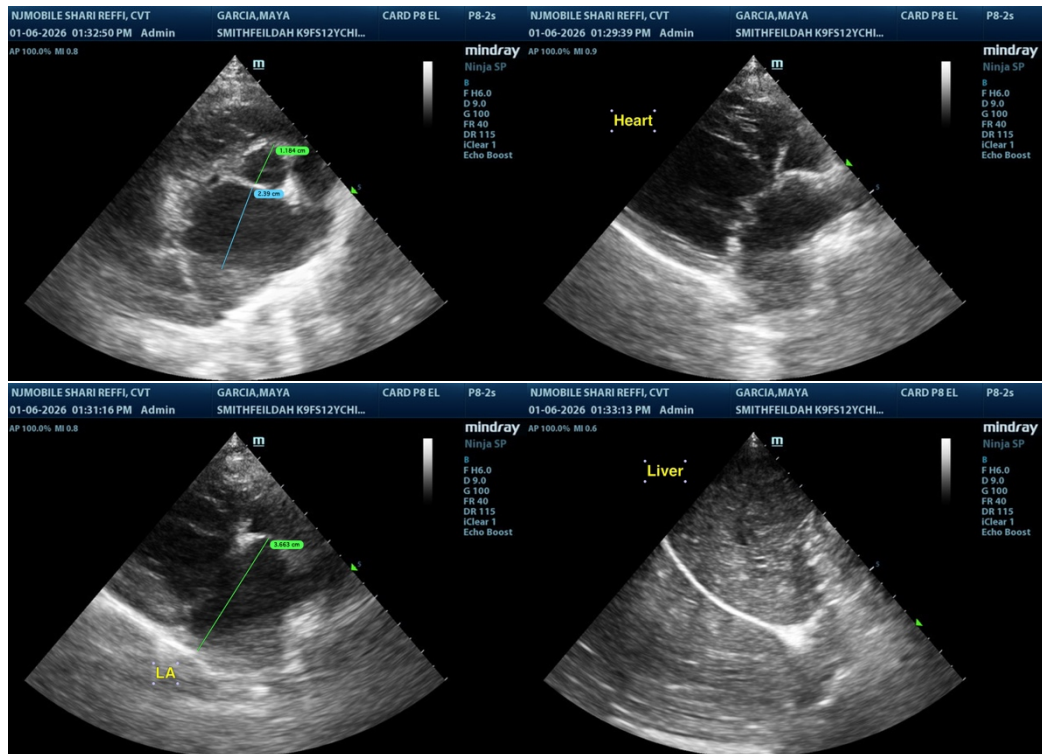
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ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA/LV enlargement indicated the current and future risk of complications secondary to MR is at least moderately elevated. The coughing in this patient may be multifactorial in origin owing to possible emerging left heart congestion, main stem bronchi irritation secondary to LA enlargement, primary concurrent lower airway disease or a combination. No evidence of clinical pulmonary hypertension. Pimobendan 0.3 mg/kg BID, lowest effective dose diuretic if radiographic evidence of pulmonary edema, ACE inhibitor 0.5 mg/kg SID and as needed antitussive medication with clinical monitoring is recommended. Cardiac prognosis going forward is guarded with sonographic monitoring advised. Recheck echo suggested in 6 months, sooner is progressive clinical signs. Cardiac anesthetic risk is moderate yet potentially mildly reduced once on Pimobendan for 3-5 days. If required, the following protocol is suggested with limited anesthetic time and judicious IV fluid use. 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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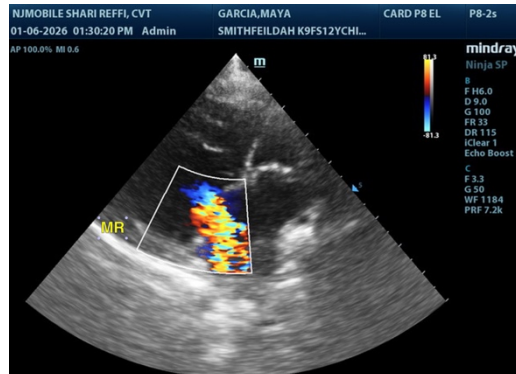
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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