



PATIENT

Luna Poe

PRESENTING CLINICAL SIGNS

New heart murmur 3/6 cough when excited performing dental today checking if heart is compensated
Current meds Apoquel

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

King Charles

SEX

FS

AGE

8

WEIGHT

21.6

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	--	--	1.46	50	82	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	--	1.0	0.65	--	3.3	3.0	--

INTERPRETED BY

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

Cardiac Presentation

The echocardiogram in this patient demonstrated mild to moderate increased left atrial size primarily based on LA 2D measurement with mild interatrial septal deviation. Thickened mitral valve leaflets, primarily noted in the septal leaflet with mild septal leaflet prolapse. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and 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. 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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Schiess

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic mitral valve disease with mild valve prolapse (ACVIM B2)

INVOICE
22922

DATE
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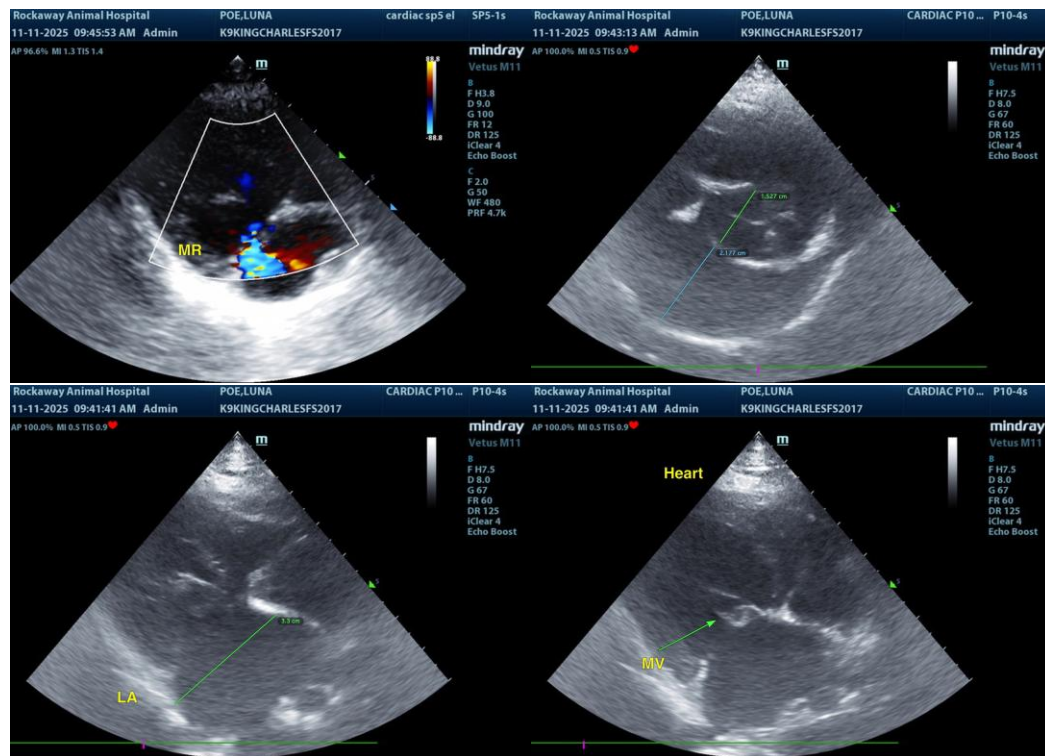
DATE
11/11/2025

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes and mitral valve prolapse with secondary eccentric mitral valve insufficiency. The degree of LA enlargement implies risk of complications secondary to MR is moderately elevated, yet overall, the heart appears to be 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 given breed and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6 months, sooner if clinical signs arise.

Current anesthetic risk is considered moderate, yet Pimobendan therapy for 3-5 days prior to anesthesia would likely result in mild decreased anesthetic risk. If anesthesia is elected, the following protocol is recommended with judicious peri anesthetic IV fluid administration and close monitoring. 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.



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)



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info@sonopath.com

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