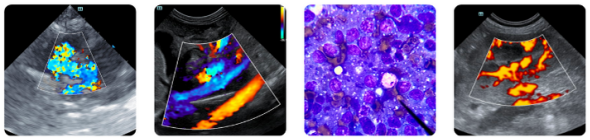

PATIENT

Selena Yanez

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

14

WEIGHT

15.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr. Sharkaway

INVOICE

12820

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Chronic mitral valve disease (ACVIM B2) tracheal collapse coughing anorexia

Abnormal PE/Chem/CBC/UA Results: severe dental calculus blood work–elevated ALP K, mild elevated BUN

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	--	--	--	1.4	46	81	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	NM	--	0.7	--	3.1	2.6	--

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with a mild 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 hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B2)

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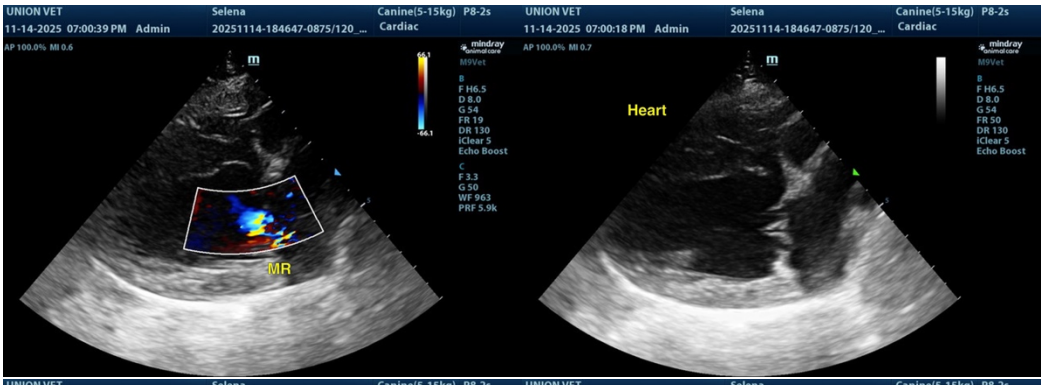
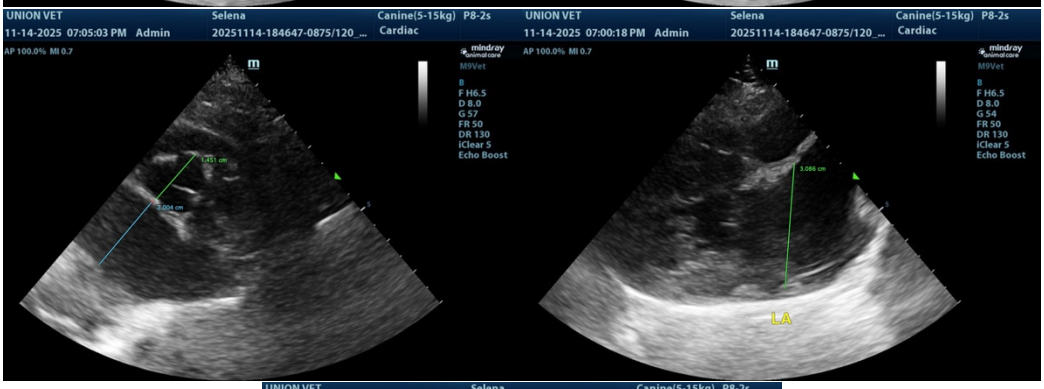
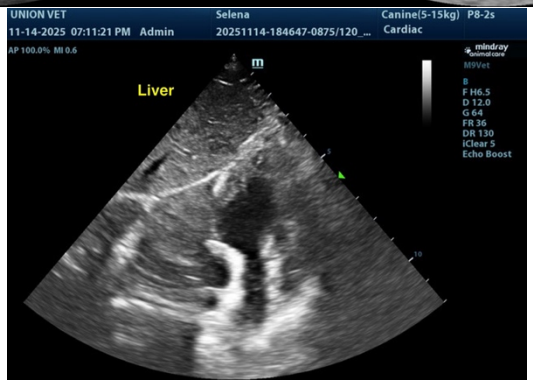
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly increased LA dimension indicates the current and future risk of complications secondary to MR is mildly elevated. If not currently instituted, Pimobendan 0.3 mg/kg PO BID is recommended. Prognosis is considered variable with sonographic monitoring is recommended. Recheck echo in 6 months, sooner if progressive clinical signs are noted. Anesthetic risk is considered mild to moderately elevated yet likely reduced once on Pimobendan for 3-5 days. The following anesthetic protocol is recommended with judicious peri anesthetic IV fluid administration and appropriate clinical 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.







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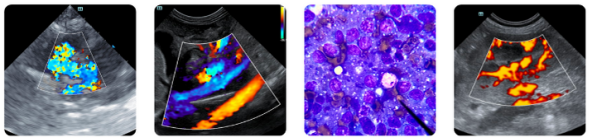

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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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