



PATIENT

Skunky Rivera

SPECIES

Canine

BREED

Chihuahua

SEX

Male

AGE

16

WEIGHT

7.5

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Sharkawy

INVOICE

12273

DATE

11/14/25

PRESENTING CLINICAL SIGNS

cough Collapses once before

Abnormal PE/Chem/CBC/UA Results: Blood work-mild elevated creatinine. Dental calculus Coughing Collapses once before The patient on Vetmedin and furosemide.

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	--	--	NM	2.3	50	82	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	NM	0.8	--	2.8	2.65	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate to significant increased **left atrial** dimension based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening (anterior greater than posterior) consistent with endocardiosis. Mitral valve prolapse with potential partial cordate tendon rupture. Doppler indicated severe eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour with moderate to significant increased LV dimension and sphericity. 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). Normal to mildly decreased measured RV outflow velocity. 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.

ULTRASONOGRAPHIC FINDINGS



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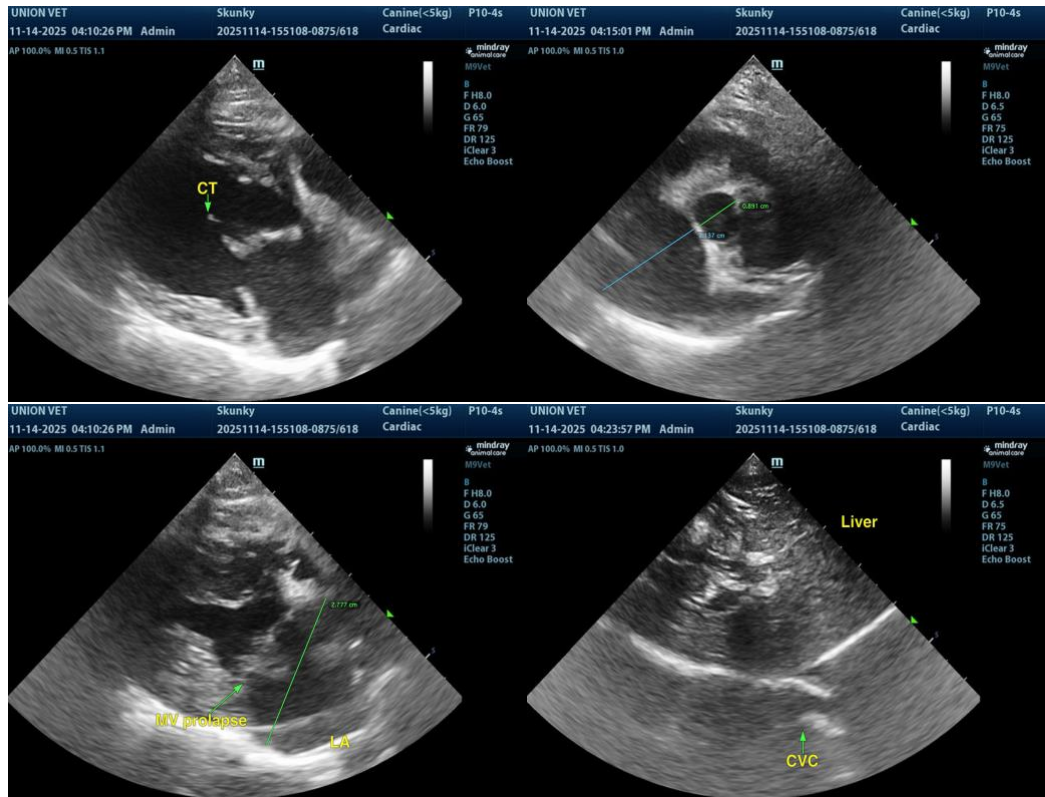
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- Chronic mitral valve disease with mitral valve prolapse and possible partial cordate tendon rupture (ACVIM B2-B2+).
- Normal RA/RV without evidence of hepatic congestion- no definitive evidence of clinical pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA/LV enlargement indicates the current and future risk of complication, secondary to MR, is at least moderate to likely significantly elevated. The coughing in this patient may be multifactorial in origin secondary to emerging left heart volume overload, main stem bronchi irritation secondary to LA enlargement or concurrent primary lower airway disease. Recommend continued Vetmedin 0.30 mg/kg PO BID, ACE inhibitor 0.50 mg/kg SID (possibly titrating to BID) and lowest effective dose diuretic 1.0 to 2.0 mg/kg PO BID. Baseline monitoring of resting respiration rate going forward is advised. Serial sonographic monitoring is recommended for further assessment and prognosis as well as assessment for emerging pulmonary hypertension if continued collapsing episodes. Assessment of systemic BP and ECG to rule out paroxysmal arrhythmia or hypertension as a contributing factor is suggested. Elective anesthesia is not advised. Recheck echo is recommended in 4-6 months or sooner if progressive clinical signs. Continued respiratory support including antitussive medication would be appropriate.





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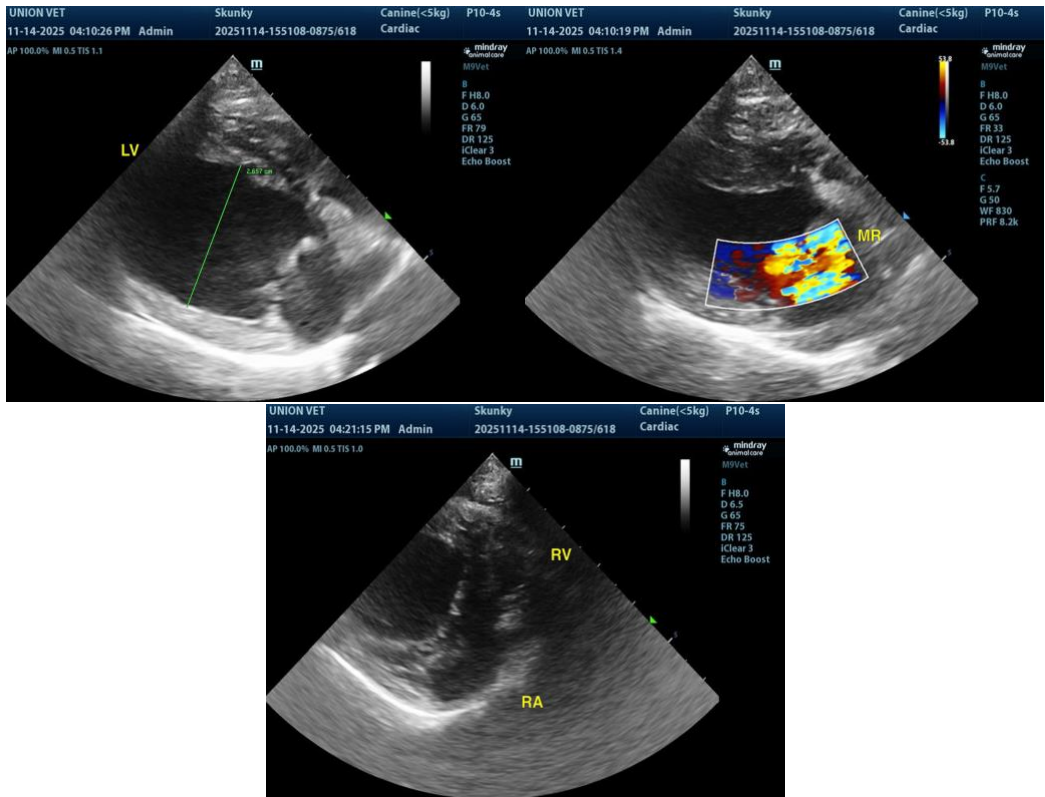
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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