



PATIENT PRESENTING CLINICAL SIGNS

Trinity Ketch Excessive coughing, Grade 3/6 murmur, cough improved w/ lasix but still present Current meds: Furosemide 6.25mg SID, Pimobendan 1.5mg SID, Enalapril 2.5mg SID

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Chinese Crested

SEX

FS

AGE

15yr

WEIGHT

9.4lb

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	5.4	--	--	1.2	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	--	1.1	1.0	--	2.2	2.1	--

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 endocardiosis with mild valve prolapse. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. 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 significant TR 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 infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

Chester Animal Hospital

REFERRING VET

Dr Migliaccio

INVOICE 22971

DATE 11/17/2025



PATIENT ULTRASONOGRAPHIC FINDINGS

Trinity Ketch **Primary**

- Persistent compensated chronic mitral valve disease with mild valve prolapse (B1)

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The persistent lack of LA enlargement indicates that the current risk of complications secondary to MR remains low. No other clinical issues such as left/ right heart chamber enlargement, LV systolic dysfunction or evidence of clinical pulmonary hypertension.

BREED

Chinese Crested

The coughing in this patient appears non-cardiogenic in origin without evidence of left or right heart chamber enlargement. No obvious indication for cardiac medications or at least diuretic therapy. Correlation with three view chest radiographs with concurrent respiratory support indicated. Cardiac anesthetic risk is considered mild. If required, the following protocol is suggested.

SEX

FS

Sonographic monitoring is advised for further assessment and prognosis. Recheck echo recommended in 6 to 12 months, sooner if clinically indicated.

AGE

15yr

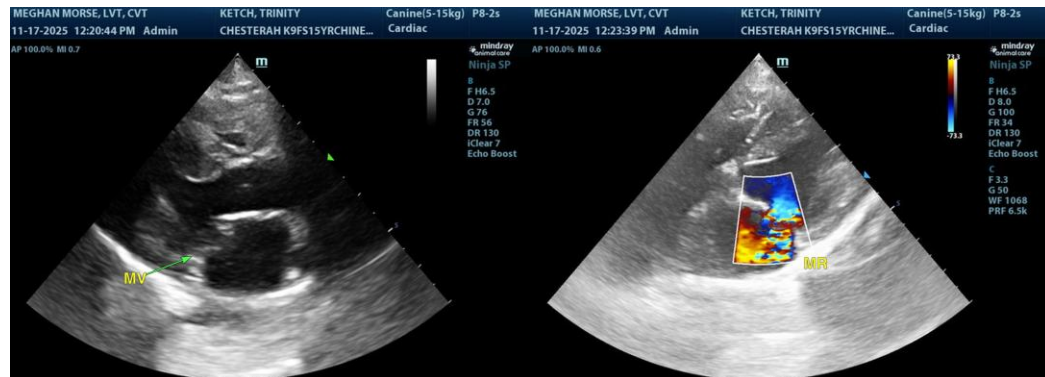
Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

WEIGHT

9.4lb

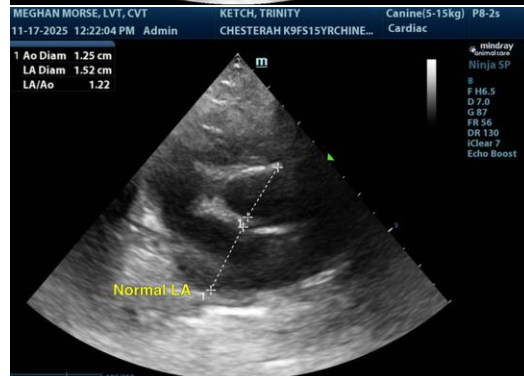
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PATIENT

Trinity Ketch

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.

SPECIES

Canine

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.

BREED

Chinese Crested

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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SEX

FS

AGE

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