



PATIENT

Daisy Gubernot

SPECIES

Canine

BREED

Dachshund Mix

SEX

Female Spayed

AGE

13yrs 7mos

WEIGHT

23 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr., Bravo

INVOICE

12839

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Lymphoma, hyperactive LN, Lipoma, salivary gland. Enlarged heart, trachea displaced dorsally, mild bronchial pattern, pleural effusion or lymphadenopathy.

Meds- vetmedin, furos, enal.

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 | 5.0 | -- | -- | 2.6 | 36 | 68 | 0.6 |
| 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 | 138 | 1.3 | 0.66 | -- | 5.3 | 4.2 | -- |

Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis, mild valve prolapse and lack of coaptation owing to LA enlargement. Doppler indicated measurable severe eccentric insufficiency. MR velocity measured 5.0 m/s. The **left ventricle** presented normal thicknesses with linear contour, severe 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). 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.



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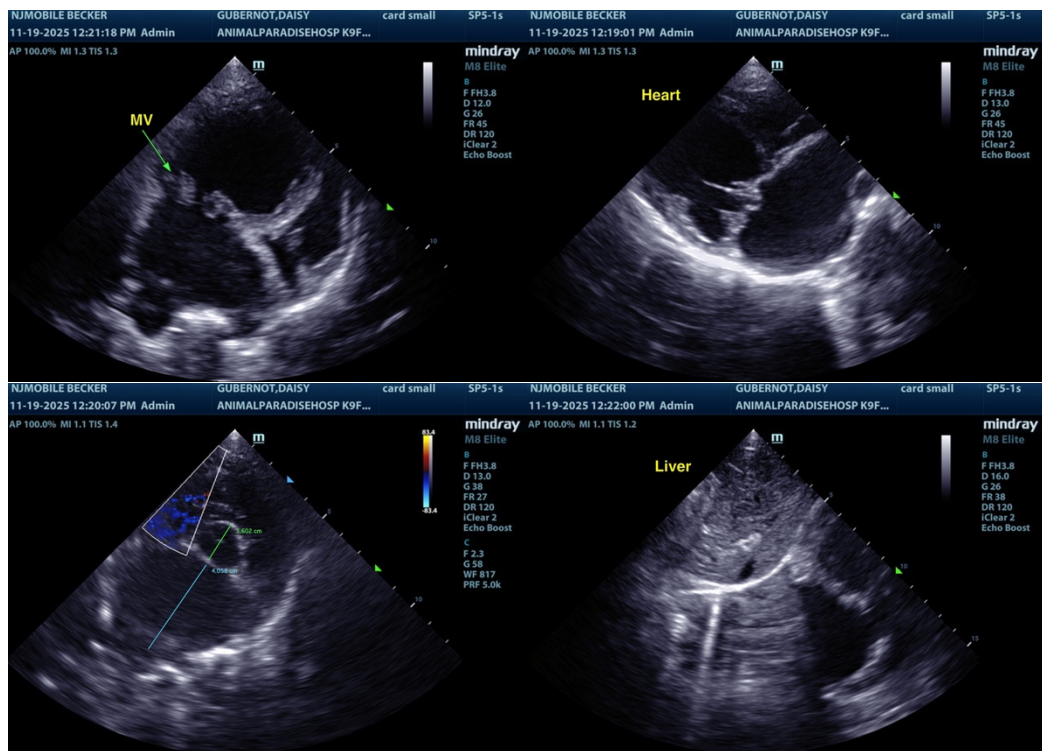
11/19/25

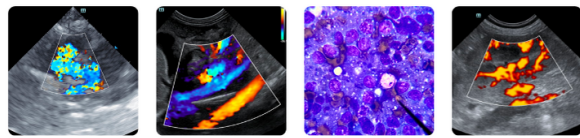
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with mitral valve prolapse/lack of coaptation, and severe left heart volume overload (ACVIM stage C)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Current triple therapy including Furosemide/Spironolactone combination both 1-2 mg/kg BID, Pimobendan 0.3 mg/kg BID and ACE inhibitor 0.5 mg/kg SID titrating to BID is recommended. Going forward, this patient will remain at severely increased risk for progressive CHF development of malignant arrhythmia and/or possible sudden death. No overt evidence of concurrent pulmonary hypertension yet sonographic and clinical monitoring is advised. Elective anesthesia is not advised. No obvious evidence of cardiac or pericardial neoplastic criteria. Monitoring of resting respiration rate, renal parameters, ECG and systemic BP going forward is recommended. Recheck echo recommended in 3-4 months, sooner if progressive clinical signs. Poor long-term prognosis.





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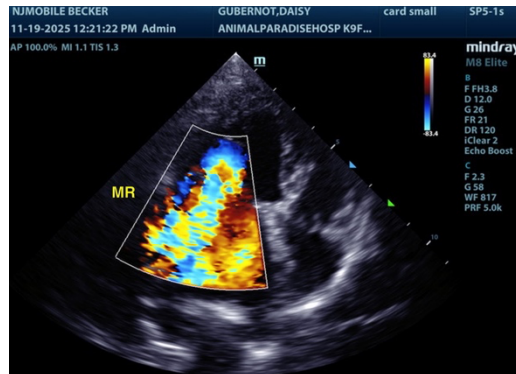
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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