



PATIENT

Texas Mercer

SPECIES

Canine

BREED

English Cocker Spaniel

SEX

Neutered Male

AGE

8 Years

WEIGHT

43 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort &
Veterinary Clinic

REFERRING VET

Dr. Sorbo

INVOICE

12351

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Always been a coughing dog, suspect tracheomalacia, but about 1-2 months ago had an uptick in coughing which led to XRAYs which led to report below. Murmur identified, too.

Abnormal PE/Chem/CBC/UA Results: October: -Radiographic findings: -Evidence of potential tracheal malacia. -Evidence of diffuse bronchointerstitial pulmonary pattern, suggesting inflammatory lower airway disease. -Mild hepatomegaly noted, considered a possible normal variant and not of immediate concern. -Radiologist recommends an echocardiogram for further assessment due to a reported heart murmur. Heart murmur III/VI systolic murmur. BP 160mmHg.

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	1.35	45	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	2.1	0.75	--	3.4	3.2	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. Borderline increased measured LV outflow velocity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. No significant TR on doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. No visible **pericardial** or free pleura fluid



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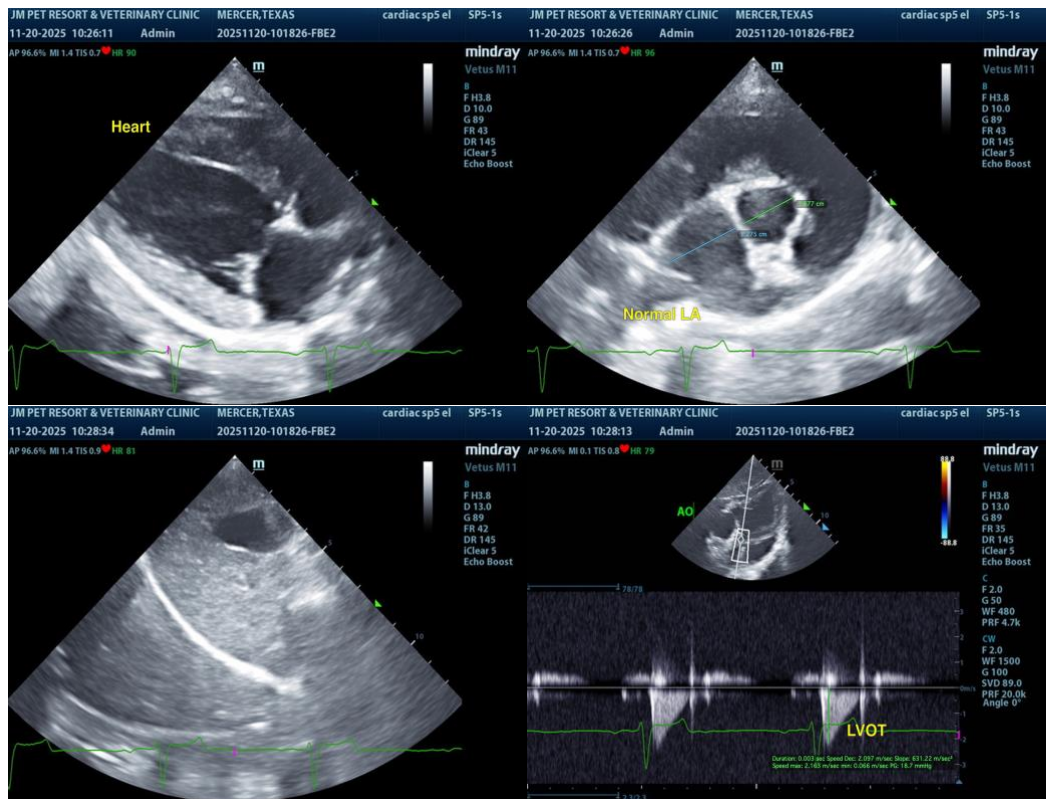
was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window. No evidence of hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram.
- Borderline increased measured LV outflow velocity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy as a contributing factor to the patient's respiratory signs. The borderline increased measured LV outflow velocity is nonspecific and likely incidental without evidence of structural pathology or stenotic disease. No indication for cardiac medications.





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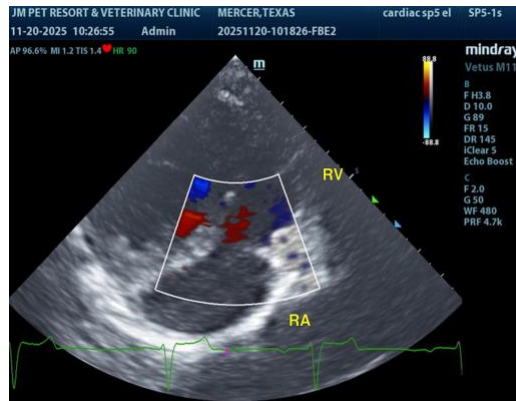
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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