



PATIENT

Jasper Amarelis Lava

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

13

WEIGHT

14.4

PRESENTING CLINICAL SIGNS

Coughing

Abnormal PE/Chem/CBC/UA Results: Overweight BW-WNL Coughing DC Heart murmur grade 5/6

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	--	--	--	2.15	50	82	0.3
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	--	--	0.64	--	3.8	3.7	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Union Vet Animal Hospital

REFERRING VET

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INVOICE

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11/21/2025

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. Doppler indicated significant, primarily eccentric insufficiency. The left ventricle presented normal thicknesses with 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 mild thickening with valve prolapse. 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. Subjective borderline prominent hepatic vasculature without evidence of cranial abdomen ascites.



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ULTRASONOGRAPHIC FINDINGS

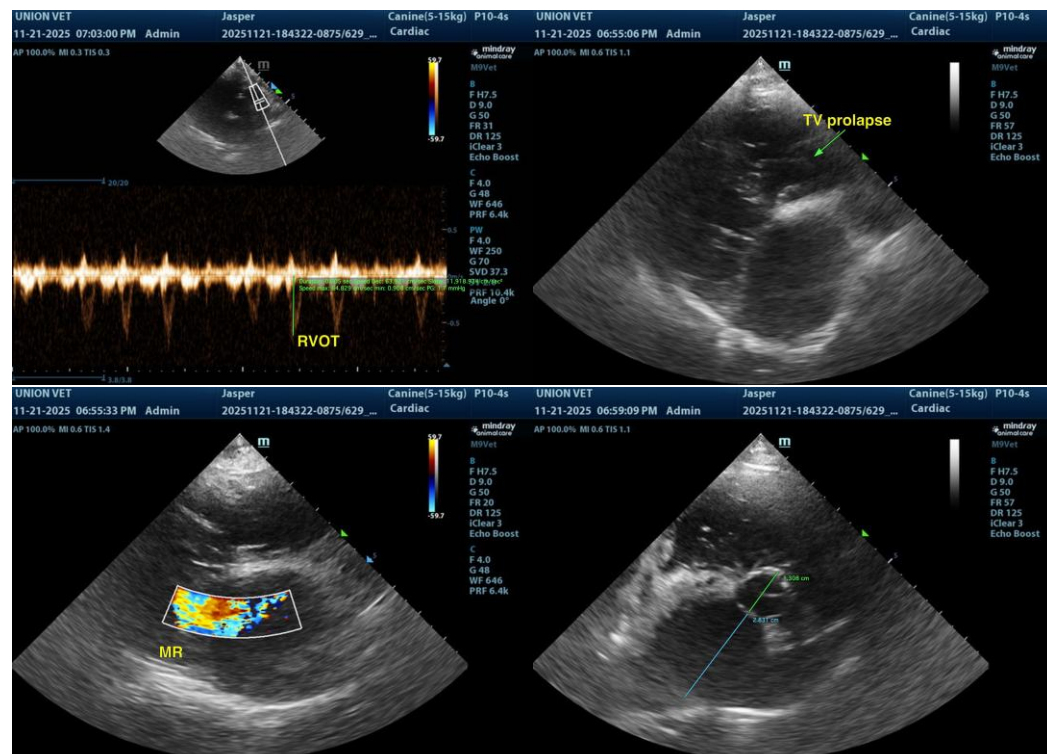
Primary

- Chronic mitral valve disease with mitral valve prolapse (ACVIM B-C)
- Tricuspid valve prolapse

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA/ LV enlargement consistent with left heart volume overload indicates the current and future risk of complications secondary to MR is significantly elevated with potential clinical signs secondary to congestion. Contributing factors to the patient's coughing may include mainstem bronchi irritation or compression owing to LA enlargement or concurrent primary lower airway disease. Triple therapy including Pimobendan 0.3 mg/kg BID, lowest effective dose Lasix, 1-2 mg/kg BID, ACE inhibitor, 0.5 mg/kg SID titrating to BID if evidence of hypertension with concurrent respiratory support including antitussive medication is recommended. Mild salt restriction and omega fatty acid supplementation may prove beneficial.

Elective anesthesia is not advised. Potential for mild or emerging pulmonary hypertension is not excluded. Prognosis is guarded going forward with sonographic monitoring indicated. Recheck echo suggested in 6 months, sooner if progressive clinical signs consistent with left-sided congestion or pulmonary hypertension.





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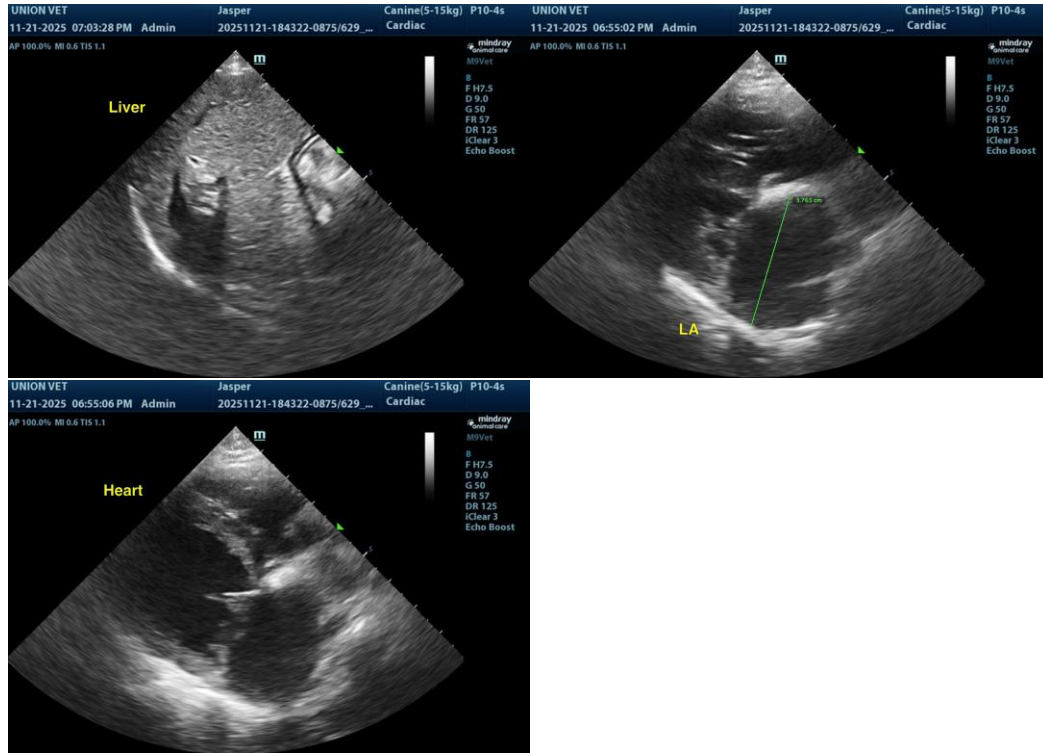
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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