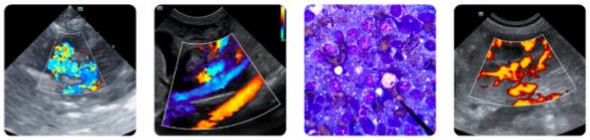

PATIENT

Lady Yang

SPECIES

Canine

BREED

Long Haired Chihuahua

SEX

Spayed Female

AGE

14

WEIGHT

4.8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

12436

DATE

11/23/25

PRESENTING CLINICAL SIGNS

Coughing Anorexia History of Glucoma She is on Enalapril, Amlodipine and Hydrocodone

Abnormal PE/Chem/CBC/UA Results: Heart murmur 5/6 Severe Dental calculus + gingivitis Bw- Non regenerative Anemia, normal kidney values

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	1.9	45	78	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	--	0.7	--	3.1	3.0	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** dimension with mild deviated intra-atrial septum based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Minor valve prolapse. No evidence of cordate tendon rupture. Doppler indicated measurable insufficiency. The **left ventricle** presented mild to moderate increased LV dimension. 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 hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B2).

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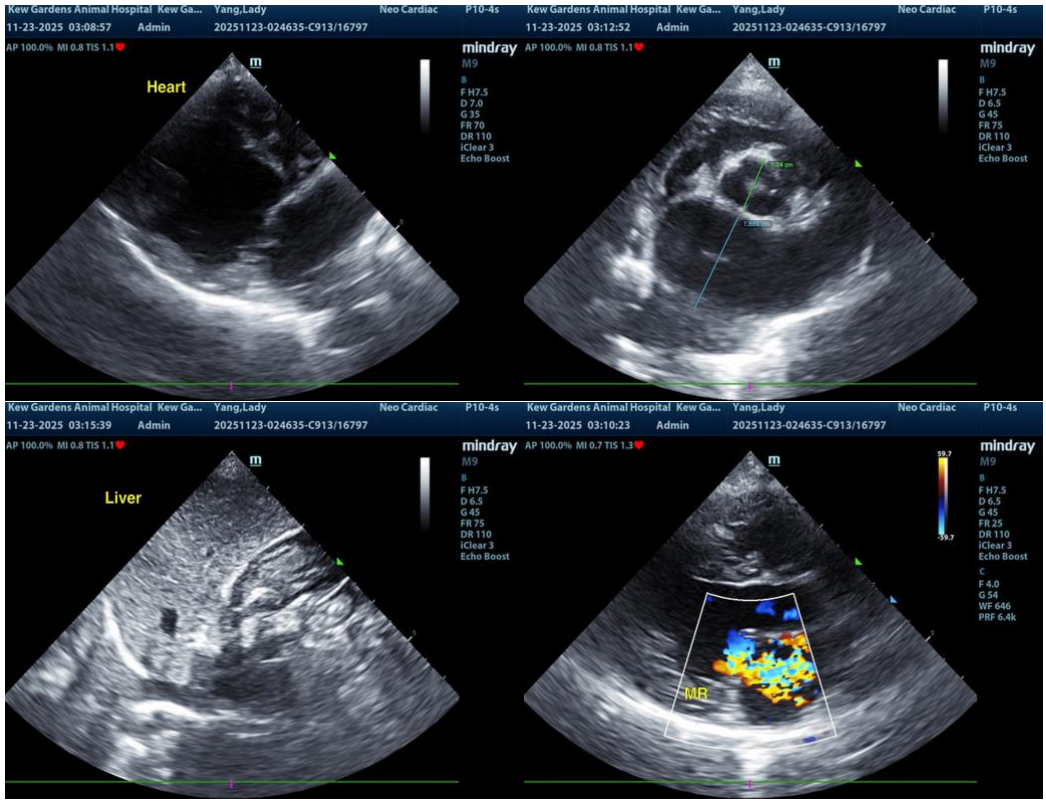
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate increased LA/LV dimension indicates the current and future risk of complications, secondary to MR, is moderately elevated. Overall, the heart appears to be stable and compensated without overt evidence of left sided congestive criteria indicating that the coughing in this patient is noncardiogenic in origin. No evidence of clinical pulmonary hypertension. Pimobendan 0.30 mg/kg BID in conjunction with current ACE inhibitor and antitussive medication with as needed additional respiratory support is recommended. Anesthetic risk is elevated yet likely mildly reduced once back on Pimobendan for 3-5 days. If elected, the following anesthetic protocol is suggested with clinical monitoring and judicious peri-anesthetic IV fluid administration. Prognosis is variable to guarded going forward. Recheck echo recommended in 6 months or sooner if clinically indicated. 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.

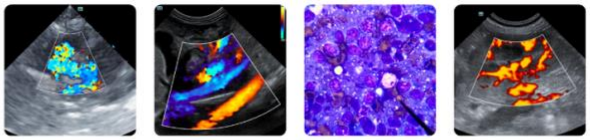


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



SonoPath.com info@sonopath.com 1.800.838.4268

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