



PATIENT

Rebel McElroy

SPECIES

Canine

BREED

German Shepard

SEX

Male Neutered

AGE

9 yrs

WEIGHT

105 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

12776

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Patient was sedated with Dexdomitor and Torb.

History: Extremely aggressive and req sedation (1.2cc dexdorm IM plus 0.2cc torb IV) for exam. During exam a new murmur of 3-4/6 was noted.

Abnormal PE/Chem/CBC/UA Results: Pending

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	5.6	--	--	1.8	34	64	0.7
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	1.1	0.7	--	5.7	5.3	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening suggestive of mild degenerative valve changes. Doppler indicated measurable centralized to eccentric insufficiency. MR velocity measured 5.6 m/s. The **left ventricle** presented normal thicknesses with linear contour and mild 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. Normal measured LVOT velocity with mild aortic valve insufficiency noted on doppler. 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 arrythmia with mild bradycardia secondary to sedation.



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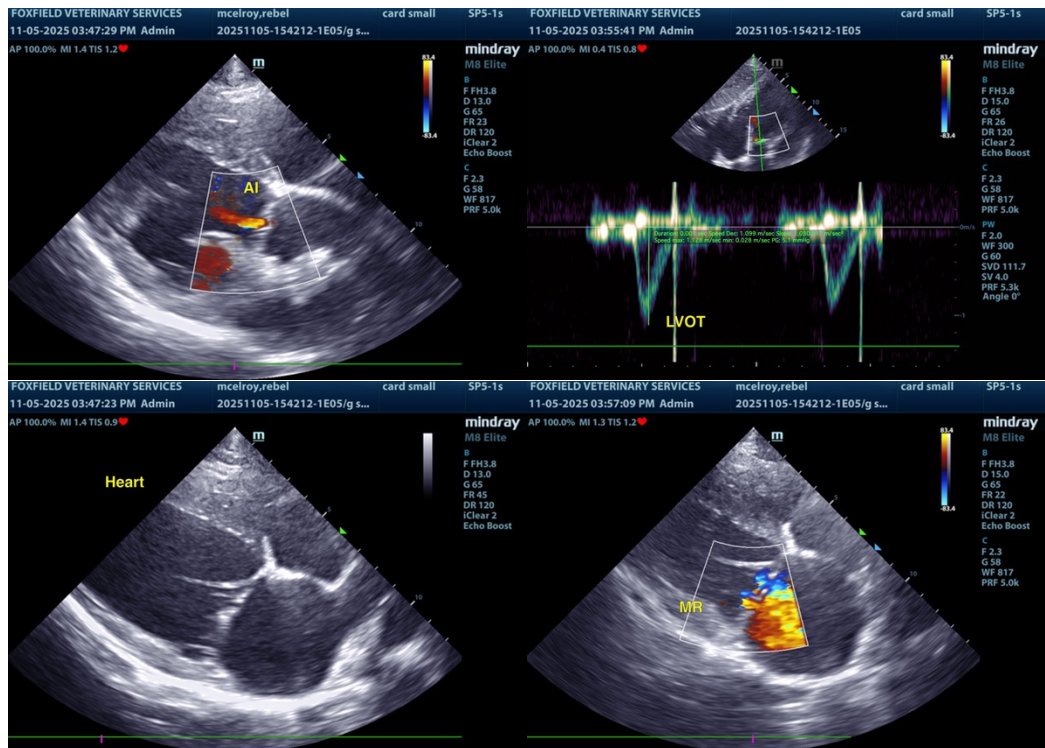
11/5/25

ULTRASONOGRAPHIC FINDINGS

- Mitral valve insufficiency with mild to moderate increased LA/LV dimension
- Adequate LV systolic function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The murmur is consistent with mild chronic degenerative valve changes and secondary MR. The degree of LA/LV enlargement indicates the current and future risk of complication is mild to moderately elevated. Sedation may alter LA/LV dimension and LV systolic function; however, the degree of LA enlargement warrants medical therapy without overt DCM criteria. Pimobendan 0.3 mg/kg PO BID is recommended. Assuming patient is non-clinical, no overt indication for additional medication. Sonographic monitoring recommended for further assessment and prognosis, ideally, using sedation with avoidance of alpha 2 antagonists. Recheck echo recommended in 6 months, sooner if clinically indicated. Anesthetic risk is considered mild. The following protocol, if clinically indicated, is recommended. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia.





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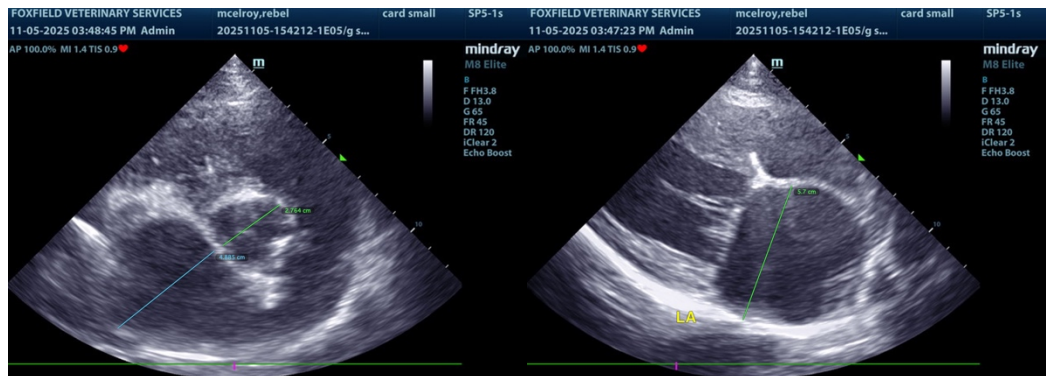
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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