



PATIENT

Dala Vancheri

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

9 Years 8 Months

WEIGHT

17 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzzone

INVOICE

12117

DATE

11/06/25

PRESENTING CLINICAL SIGNS

Echo- pre surgical HM 3/6

Abnormal PE/Chem/CBC/UA Results: WNL

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	5.7	--	NM	1.8	46	79	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	143	1.7	1.1	--	3.1	2.6	--

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased **left atrial** dimension based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Mild valvular prolapse. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with borderline 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with mild valve prolapse (ACVIM mild B2).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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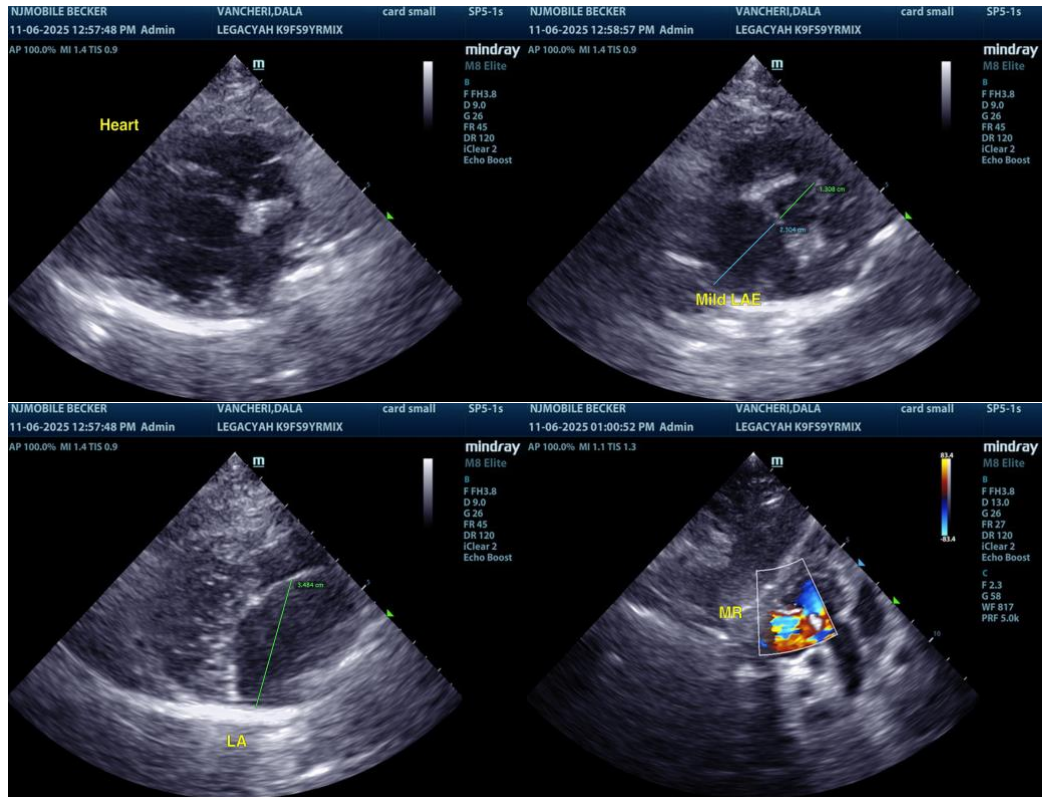
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The mild increased LA dimension indicates the current and future risk of complications, secondary to MR, is mildly elevated. Pimobendan 0.30 mg/kg PO BID is warranted at this stage. No overt indication for additional medication. Prognosis is variable and sonographic monitoring is advised. Recheck echo is recommended in 6 months or sooner if clinical signs arise. Anesthetic risk is considered mildly elevated yet likely mildly reduced once on Pimobendan for 3-5 days. No overt anesthetic contraindications. The following protocol is suggested with appropriate to judicious IV fluid administration. 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)

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