



PATIENT

Yuka Rosan

SPECIES

Canine

BREED

Chinese Crested

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Smithfield Animal
Hospital

REFERRING VET

Dr. Hull

INVOICE

12116

DATE

11/06/25

PRESENTING CLINICAL SIGNS

BCS 6/9. Grade IV/VI L & R heart murmur. Patient seen for intermittent coughing. TPR wnl, no tracheal sensitivity on palpation, severe ddz, numerous missing teeth. Received Torb for scan.

Abnormal PE/Chem/CBC/UA Results: No performed (decl by o)

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	5.3	3.0	NM	1.45	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	1.2	1.0	--	2.6	2.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Minor valve prolapse. Doppler indicated measurable moderate eccentric insufficiency. 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. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated mildly thickened with mild TR on doppler. 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 minor valve prolapse (B1).



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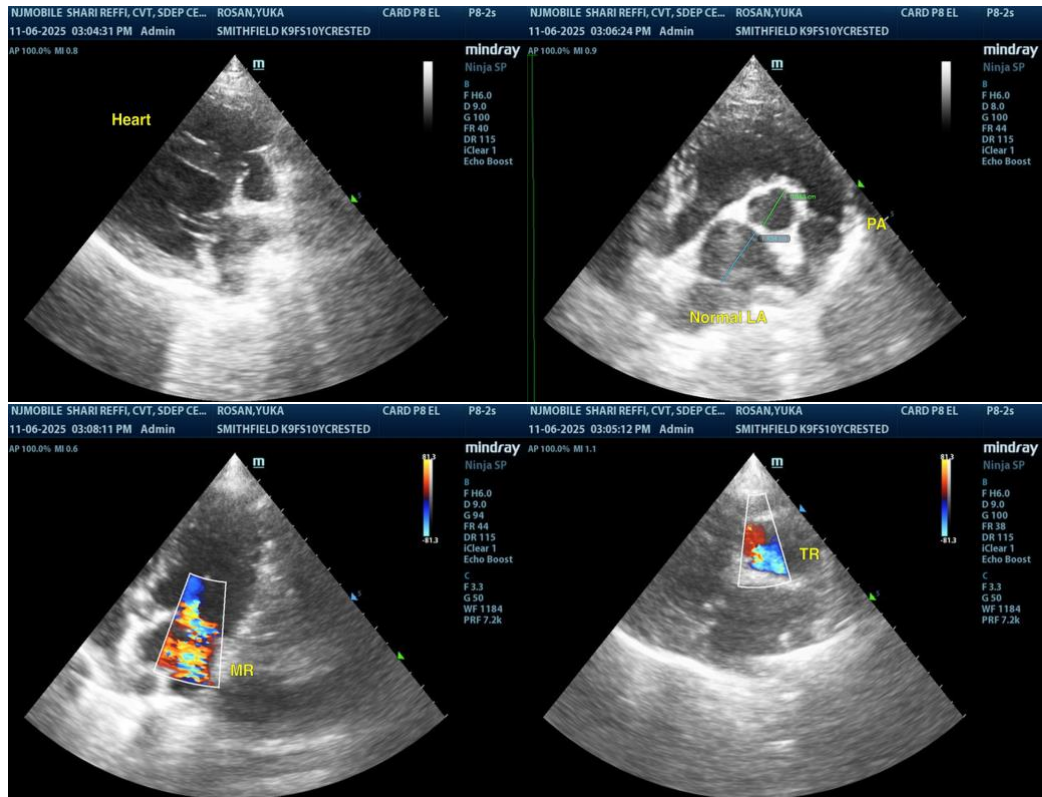
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- Mild TR- estimated pulmonary pressure gradient (approximate 36 mm of mercury) suggestive of mild increased pulmonary pressure without overt clinical pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

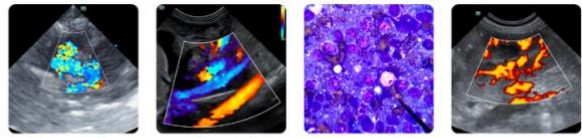
The lack of LA enlargement indicates the current and future risk of complication, secondary to MR, is low. Without additional clinical issues such as overt clinical pulmonary hypertension, LV systolic dysfunction or left or right heart chamber enlargement, the intermittent coughing in this patient is most consistent with non-cardiogenic origin i.e. chronic upper or lower airway disease. No indication for cardiac medication. Respiratory support is indicated. Cardiac prognosis is considered variable. Sonographic monitoring going forward is advised with recheck echo suggested in 6 months or sooner if clinically indicated. If required, anesthetic risk is considered low to mild. 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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