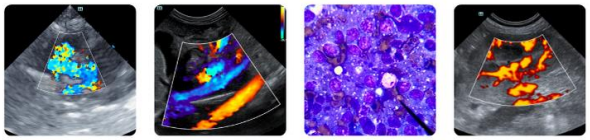

PATIENT

Beau Mohabir

SPECIES

Canine

BREED

Maltese

SEX

Male/Neutered

AGE

6

WEIGHT

13.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Lara

INVOICE

10443

DATE

12/10/25

PRESENTING CLINICAL SIGNS

heart murmur
Abnormal PE/Chem/CBC/UA Results: 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				2.25	49	74	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		0.6		3.8	3.1	

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 mild thickening which suggests mild degenerative change. No evidence of valvular prolapse. The **left ventricle** presented normal thicknesses with linear contour and 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 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 subjective normal valve structure and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrhythmia was noted. Evidence of subjective mild hepatic congestion without concurrent visualized cranial abdomen ascites. Doppler assessment was not performed.

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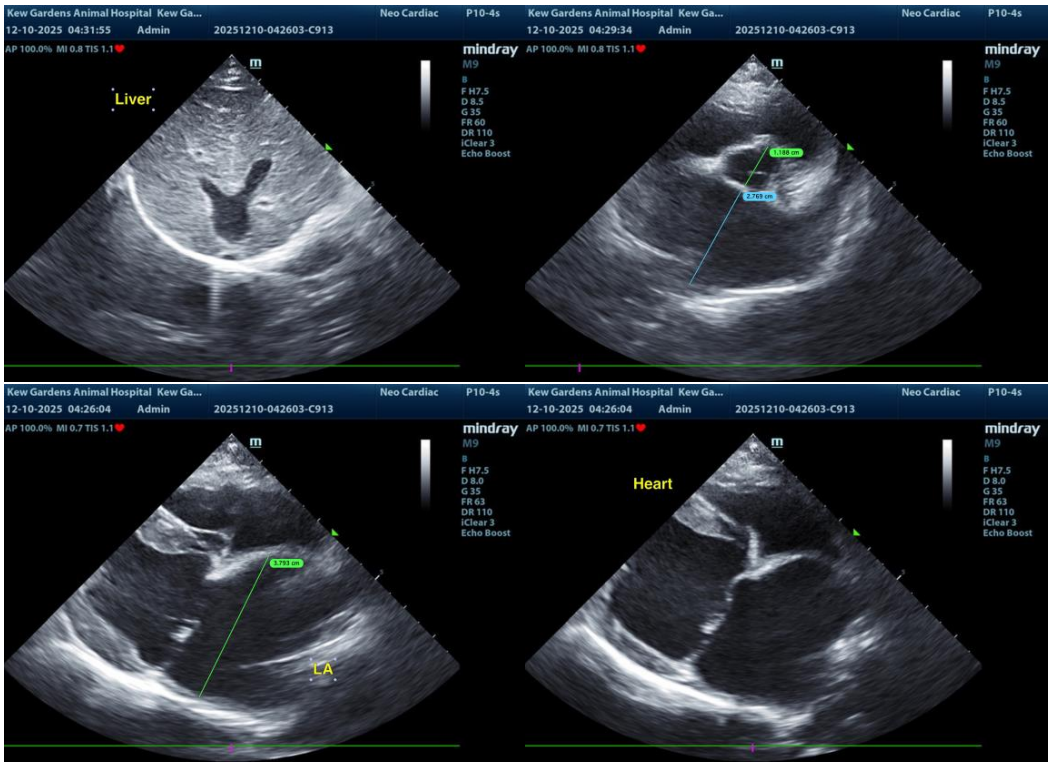
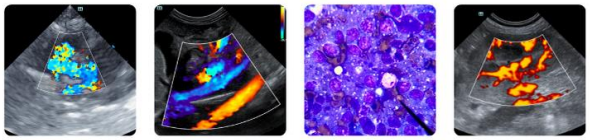
ULTRASONOGRAPHIC FINDINGS

- Severe LA / LV enlargement with left heart volume overload, adequate LV systolic function
- Mildly thickened mitral valve
- Evidence of mild hepatic congestion without visualized concurrent ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram may indicate advanced mild chronic mitral valve disease and mitral valve insufficiency, and did not overtly meet DCM criteria. The possibility of concurrent pulmonary hypertension is of concern and not excluded. Regardless of classification, the degree of left heart chamber enlargement and volume overload indicates that the current and future risk of complications is severely elevated with congestive left heart failure, potential development of malignant arrhythmia, and concurrent pulmonary hypertension possible. Triple therapy including Pimobendan 0.3 mg/kg BID, Lasix / Spironolactone combination 1.0-2.0 mg/kg BID, and ACE inhibitor 0.5 mg/kg SID, possibly titrating to BID, is recommended. Monitoring of renal parameters, systemic BP, and ECG, as well as resting respiration rate, going forward is advised. Elective anesthesia is not advised. Prognosis is highly guarded. Sonographic monitoring is recommended with a recheck echocardiogram suggested in 4-6 weeks, sooner if clinically indicated.





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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