



PATIENT

Blaze Nowell

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

12 yrs

WEIGHT

81 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

American AH

REFERRING VET

Dr. Pascucci

INVOICE

12914

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Bronchial lung pattern w/ atelectasis- x-ray due to acute cough with lung crackles. Cough mildly improving on abx. Episodes of acute listlessness, tense abd w/ cold extremities but everything WNL during it and resolves w/ Cerenia dose. 1 Doc thought she heard grade 4/6 murmur once.

Abnormal PE/Chem/CBC/UA Results: ALT-245 Creat-2.2 BUN-34

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	--	--	--	1.2	45	77	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	144	1.0	0.75	--	4.4	4.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild degenerative change. No evidence of valvular prolapse. Doppler indicated eccentric to centralized MR. 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 mild thickening with TR noted on doppler. TR velocity measured 3.4 m/s. 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 arrhythmia present. Brief hepatic assessment revealed no evidence of hepatic congestion or cranial abdomen ascites.



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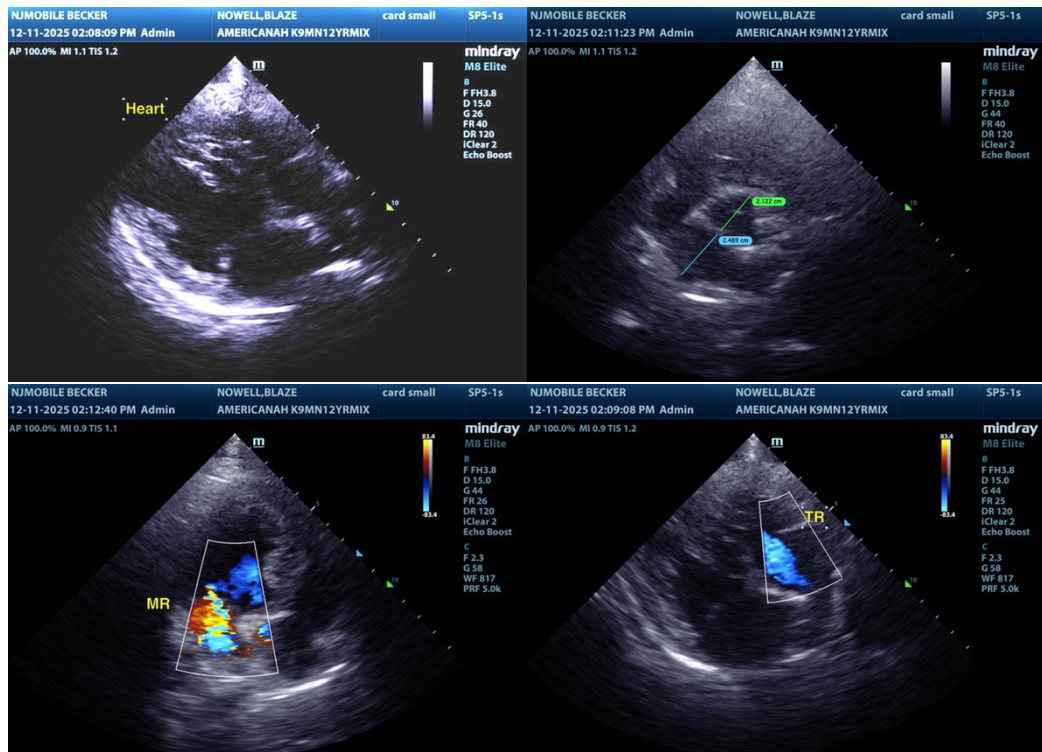
Subjective moderately sized non-homogeneous appearing liver mass was present potentially measuring ~14.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve insufficiency (B1)
- TV insufficiency – estimated pulmonary pressure gradient consistent with mild pulmonary hypertension
- Hepatic mass on brief hepatic assessment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement indicates the current and future risk of complications secondary to MR is low. Mild pulmonary hypertension is suspected to be secondary to lower airway disease is present yet appears compensated. No overt indication for cardiac medication unless clinical signs consistent with pulmonary hypertension are non-reported or arise. Echocardiographic monitoring required for further prognosis. Recheck echo suggested in 6 months, sooner if clinically indicated. Complete abdominal ultrasound for further assessment of the hepatic mass or for additional hepatic pathology is recommended.





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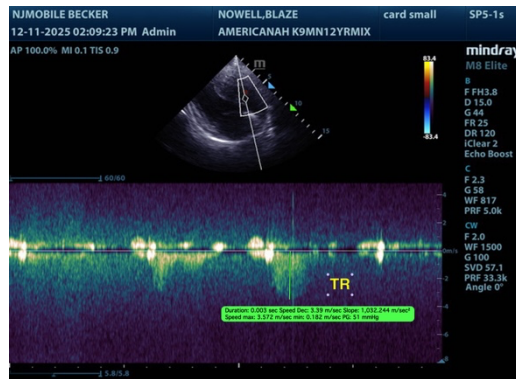
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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