



PATIENT

Peanut Montgomery

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

11 Years

WEIGHT

6.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

12690

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Apnea, tachypnea, grade 2/6 heart murmur. X-rays: cardiomegaly. Went to Eclipse Sat. they recommended echo.

Current meds: Sildenafil, Clopidogrel

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	5.0	4.0	NM	1.4	45	78	0.1
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	1.3	1.9	--	2.0	1.8	--

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 mild thickening consistent with endocardiosis with mild valvular prolapse. Doppler indicated mild eccentric MR on doppler. 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. Normal measured LVOT velocity. The **right atrium** and auricle revealed mild increased size comparable to the LA. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated mild TR on doppler (estimated 64 millimeters of mercury). The **right ventricle** revealed mild increased dimension. **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 or hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve disease with mild valve prolapse (B1).



PATIENT

- Mild to moderate pulmonary hypertension.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

The lack of LA enlargement indicates the current and future risk of complications, secondary to MR, is low. Aside from cases of heartworm disease, underlying etiology for pulmonary hypertension is often not obvious. Assessment for potential chronic lower airway disease is indicated. Continued Sildenafil 1.0 to 2.0 mg/kg PO BID is warranted. No indication for additional cardiac medication at this stage.

Canine

BREED

Clinical and sonographic monitoring would be required for further prognosis. Recheck echo is recommended in 6 months or sooner if clinically indicated. Anesthetic risk is considered mild to moderate. If required, the following protocol is recommended with close clinical monitoring. 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.

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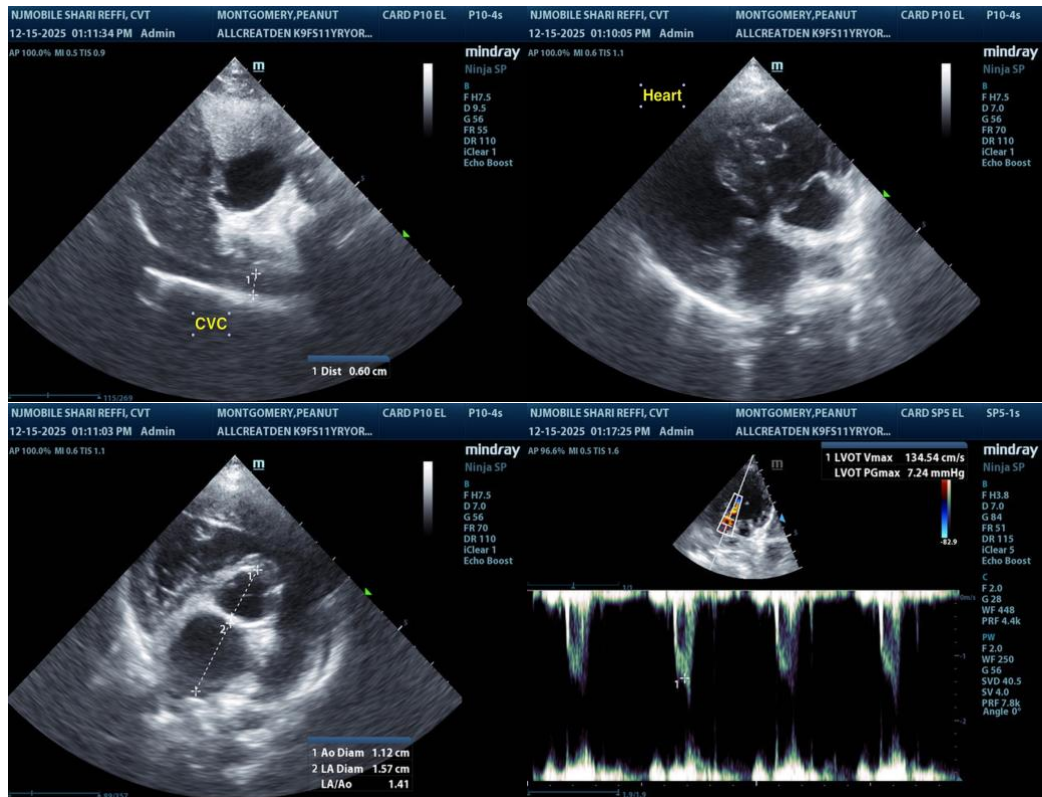
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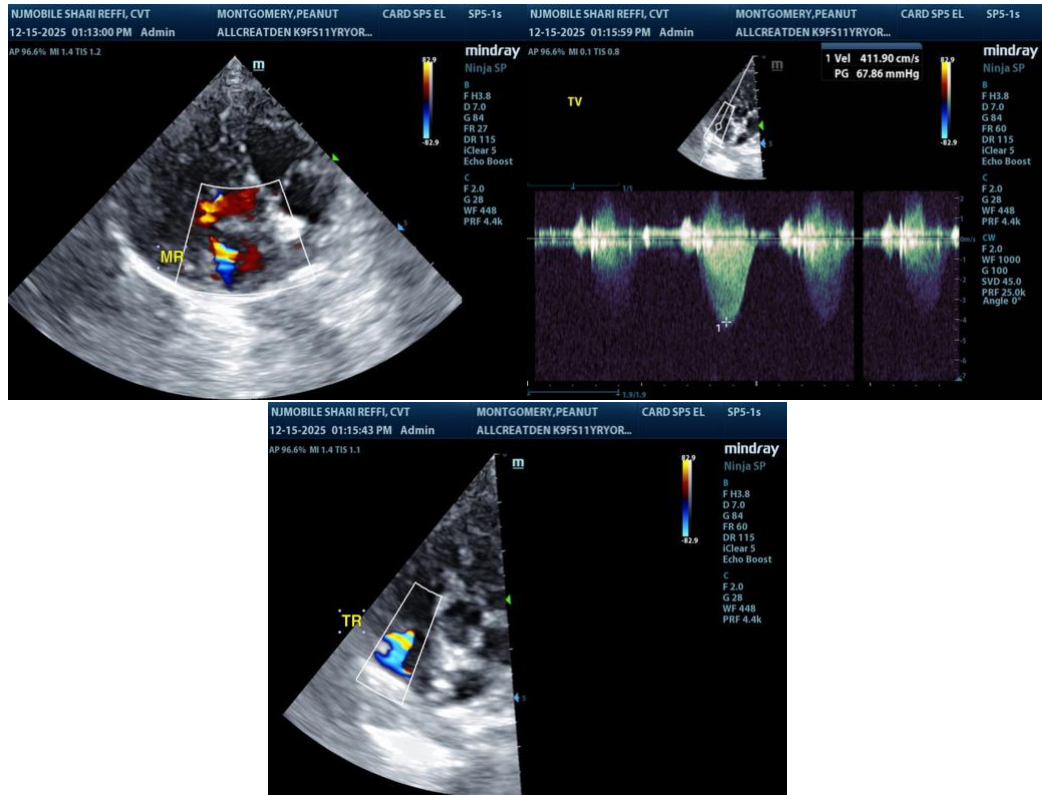
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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