



PATIENT

Hali Brinker

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Female Spayed

AGE

6y 6m

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA AVH AH

REFERRING VET

Dr. Dymond-Szabo

INVOICE

12948

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Newly heard grade I/VI left side heart murmur on exam 12/15/25. Scheduled for dental on 1/13/26.

Current Meds: Trio

Abnormal PE/Chem/CBC/UA Results: UA: 0-1 wbc, 0-15 sq., PH 5.5; USG 1.060

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	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	83	0.9	0.9	--	1.2	2.4	--

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. Minor irregular mitral valve leaflets with normal extension in systole and diastole with no evidence of valvular prolapse. Mild turbulent blood flow at the level of the mitral valve with evidence of minor eccentric 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. Normal measured LVOT velocity noted. 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). Normal measured RVOT velocity noted. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible.



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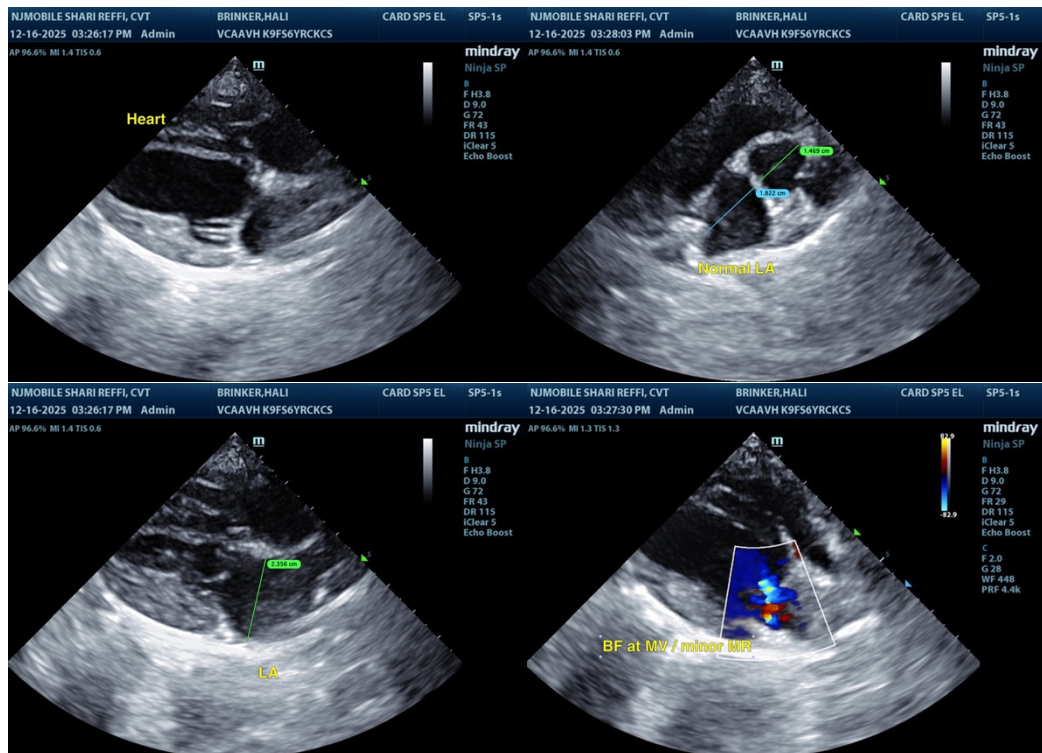
12/16/25

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function
- Early to emerging chronic mitral valve disease with turbulent blow flow at the level of the mitral valve/minor MR

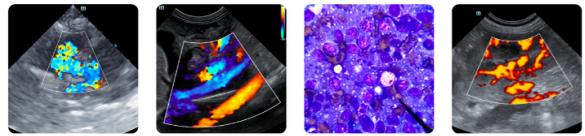
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram is consistent with emerging to early mitral valve disease in conjunction with patient breed. The lack of LA enlargement indicates the current and future risk of complication is low. No additional clinical issues such as additional valvular insufficiencies, systolic dysfunction or stenotic disease. No indication for cardiac medications. No anesthetic contraindications. Conservative monitoring of the murmur indicated. Recheck echo suggested in 8-12 months, sooner if increase in murmur intensity. 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.



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info@sonopath.com

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