



PATIENT

Lilly Konstantin Augemberg

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

14

WEIGHT

9.3

PRESENTING CLINICAL SIGNS

Chronic mitral valve disease (ACVIM early / mild B2)

Abnormal PE/Chem/CBC/UA Results: Heart murmur Grade 4/6

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	--	--	--	1.54	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	--	1.2	1.0	--	2.7	2.5	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkaway

HOSPITAL NAME

Kew Garden Animal Hospital

REFERRING VET

Dr Sharkaway

INVOICE 23282

DATE
12/17/2025

Cardiac Presentation

The echocardiogram in this patient demonstrated borderline increased left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. No valvular prolapse. Doppler indicated moderate eccentric insufficiency. The left ventricle presented borderline increased dimension. 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 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). No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Static chronic mitral valve disease (early B2)



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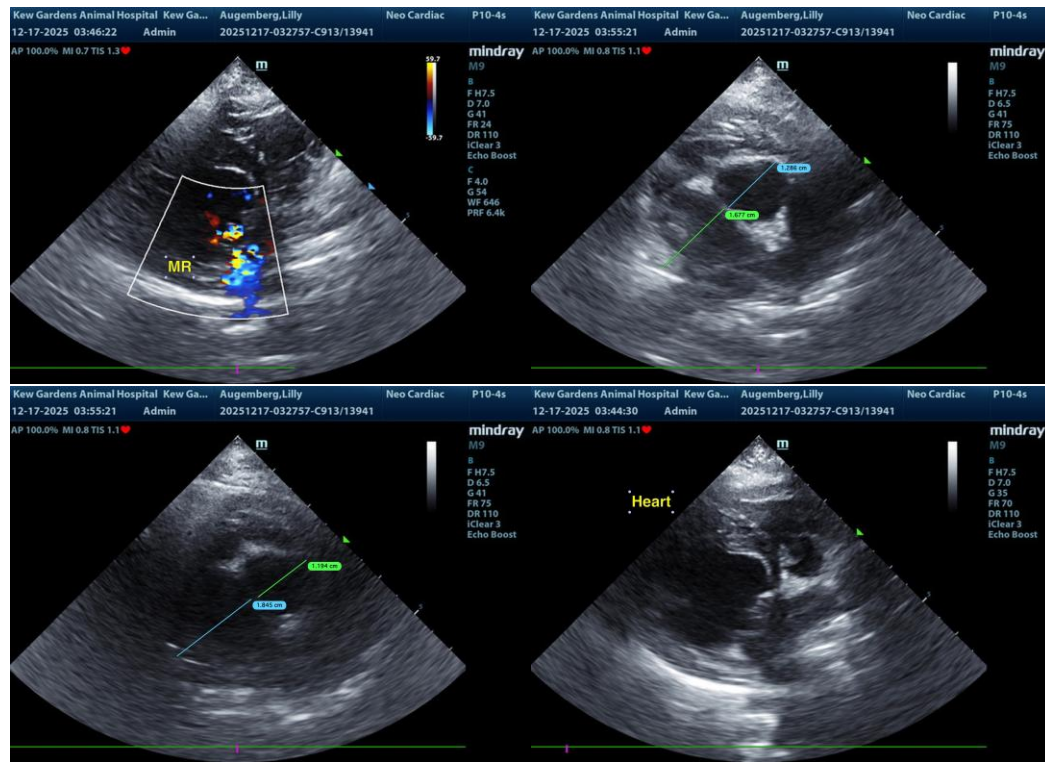
DATE
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar cardiac presentation compared to the previous study without evidence of progression. The borderline mild increased LA / LV dimension indicates the current and future risk of complication secondary to MR is mildly elevated. Pimobendan is technically warranted at this stage and may be considered if not currently instituted. No indication for additional medications.

The prognosis remains variable and sonographic monitoring is indicated. A recheck echo is recommended in 6 months, sooner if clinically indicated.

Anesthetic risk is considered 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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info@sonopath.com

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