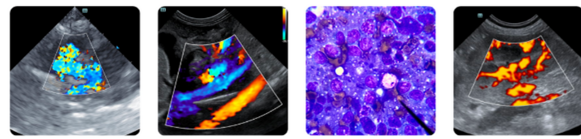
New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT

Sheldon Bowlby

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Male Neutered

AGE

10 y

WEIGHT

20.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Animal Hospital Sussex

REFERRING VET

Dr. Lovell

INVOICE

12957

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Last echo done 6/3/25 Mitral and tricuspid valve disease Clinically stable CHF

Medications: Vetmedin, Lasix, Benazepril.

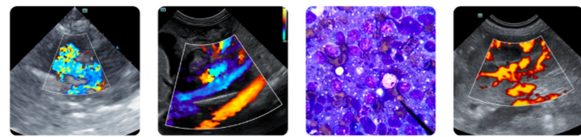
Abnormal PE/Chem/CBC/UA Results: NSF

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	5.5	2.8	--	2.2	42	73	0.35
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	145	1.0	0.8	--	5.2	4.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated significant static increased **left atrial** size based on 2 different LA measurement methods with mild septal leaflet prolapse. The cranial and caudal **mitral** valve leaflets exhibited thickening consistent with endocardiosis with mild septal leaflet prolapse. No overt chordae tendineae rupture. Doppler indicated severe eccentric insufficiency. MR velocity measured 5.5 m/s. The **left ventricle** presented thicknesses with linear contour significant to static increased LV dimension and increased 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 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 valve demonstrated thickening with mild TR noted on doppler. TR velocity measured 2.8 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 arrythmia present.



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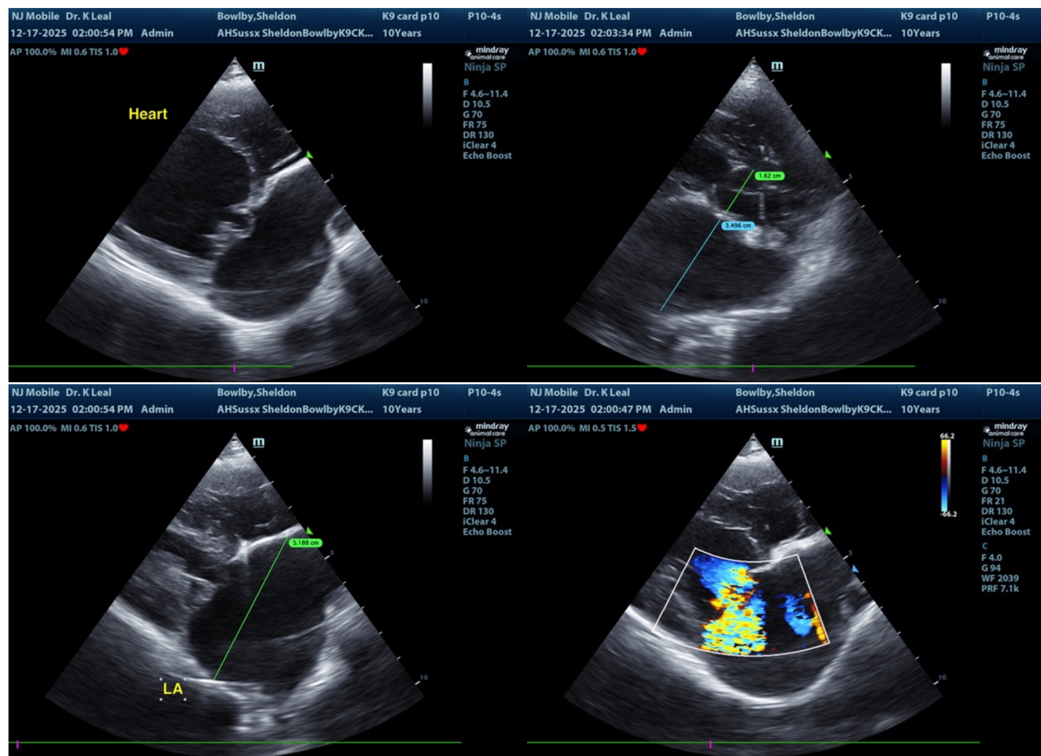
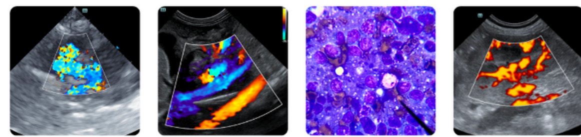
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with left heart volume overload (ACVIM B2-C)
- Static TV insufficiency – estimated pulmonary pressure gradient consistent with mild increased pulmonary pressure without overt clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, static cardiac presentation compared to the previous study exhibiting left heart volume overload secondary to MR. Given patient is stable, continued current medication protocol is warranted. Continued baseline monitoring of resting respiration rate going forward is advised. Elective anesthesia is not recommended. Prognosis remains highly guarded going forward as this patient is at significantly increased risk for CHF or development of malignant arrythmia. Monitoring of renal parameters, systemic BP and ECG indicated. Recheck echo recommended in 4-6 months, sooner if clinical signs initiate.





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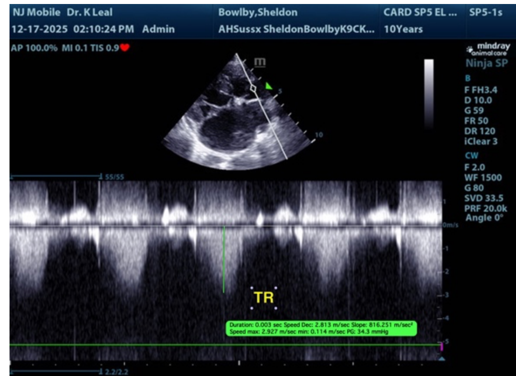

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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