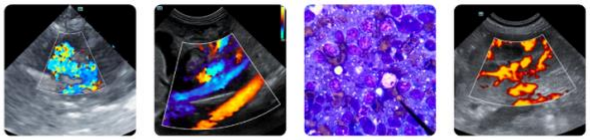

PATIENT

Rocky Gadea

SPECIES

Canine

BREED

Dachshund Mix

SEX

Male

AGE

11

WEIGHT

17.8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Harrs

INVOICE

12789

DATE

12/20/25

PRESENTING CLINICAL SIGNS

Re check prev u/s 10/31 Owner reports doing fine no complaints Current meds Furosemide 20mg 1/2 BID Enalapril 5mg 1 SID Vetmedin 5mg 1/2 BID

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	--	NM	2.3	46	79	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	200	1.4	1.0	--	4.2	3.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate to severe increased **left atrial** dimension with mild deviation of the intra-atrial septum based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated measurable severe eccentric MR. The **left ventricle** presented normal thicknesses with static moderate to significant increased LV dimension and 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** 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 cardiac / pericardial tumors was visible. Subjective tachycardia present.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2+ - C)

PATIENT

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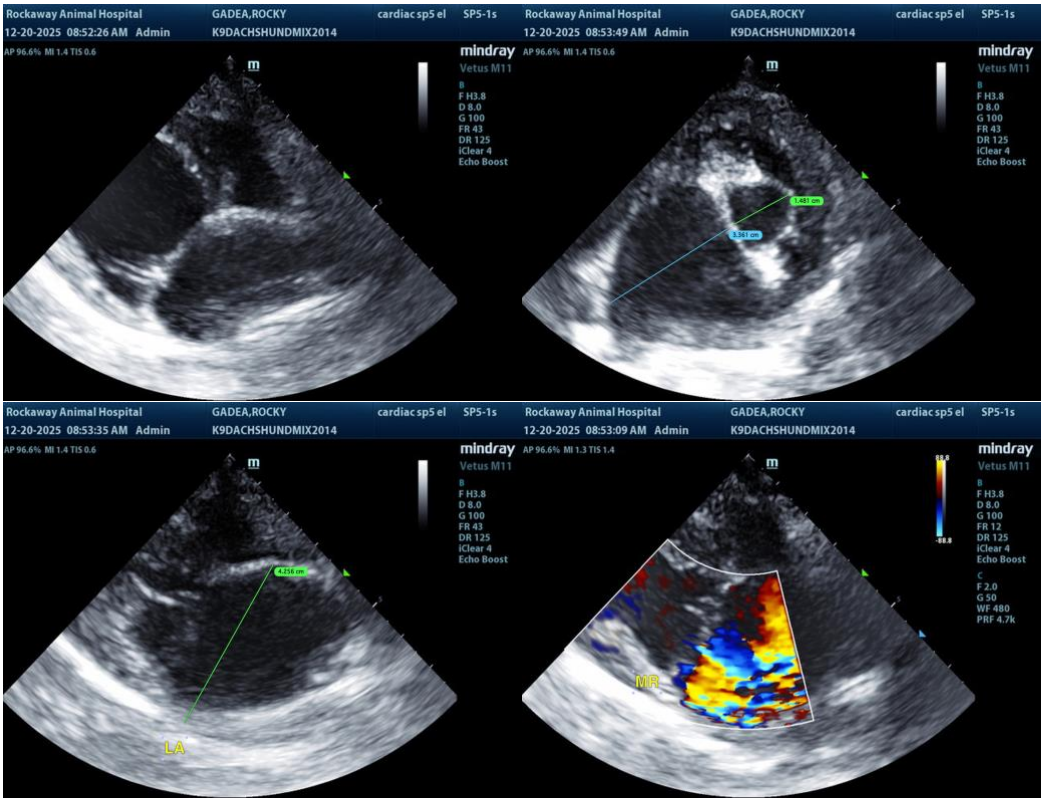
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall static cardiac presentation compared to the previous study without overt evidence of progression. Continued current triple therapy is indicated if patient is stable. This patient will remain at significant increased risk for progressive CHF or development of malignant arrhythmia. ECG assessment is indicated given potential for tachycardia. Continued monitoring of baseline resting respiration rate, systemic BP and renal parameters are indicated. Elective anesthesia is not advised. Recheck echo recommended in 4-6 months or sooner if clinically indicated.



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)

info@SonoPath.com