



**PATIENT**

Bailey Garrido

**SPECIES**

Canine

**BREED**

Cavalier

**SEX**

Male

**AGE**

8 Years 9 Months

**WEIGHT**

28 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Potenzzone

**INVOICE**

12794

**DATE**

12/22/25

**PRESENTING CLINICAL SIGNS**

DCM-CHF recheck. Med change? Gaba, Lasix, Enalapril, Clopidogrel, Spironolactone, Pimobendan, Denamarin.

Abnormal PE/Chem/CBC/UA Results: Non reg. anemia. HCT-33 lipase-379

**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	5.3	~3.5	NM	2.4	34	64	0.3
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	182	1.4	1.0	--	4.8	4.3	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated severe static increased **left atrial** dimension with intra-atrial septal deviation based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Severe eccentric MR on doppler. The **left ventricle** presented normal thicknesses with linear contour and static 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 thickening with TR on doppler. Estimated pulmonary pressure gradient approximately 50 mm of mercury. 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 arrhythmia. Subjective mild prominent hepatic vasculature without evidence of cranial abdomen ascites.

**ULTRASONOGRAPHIC FINDINGS**



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- Chronic mitral valve disease (ACVIM stage C).
- Pulmonary hypertension.

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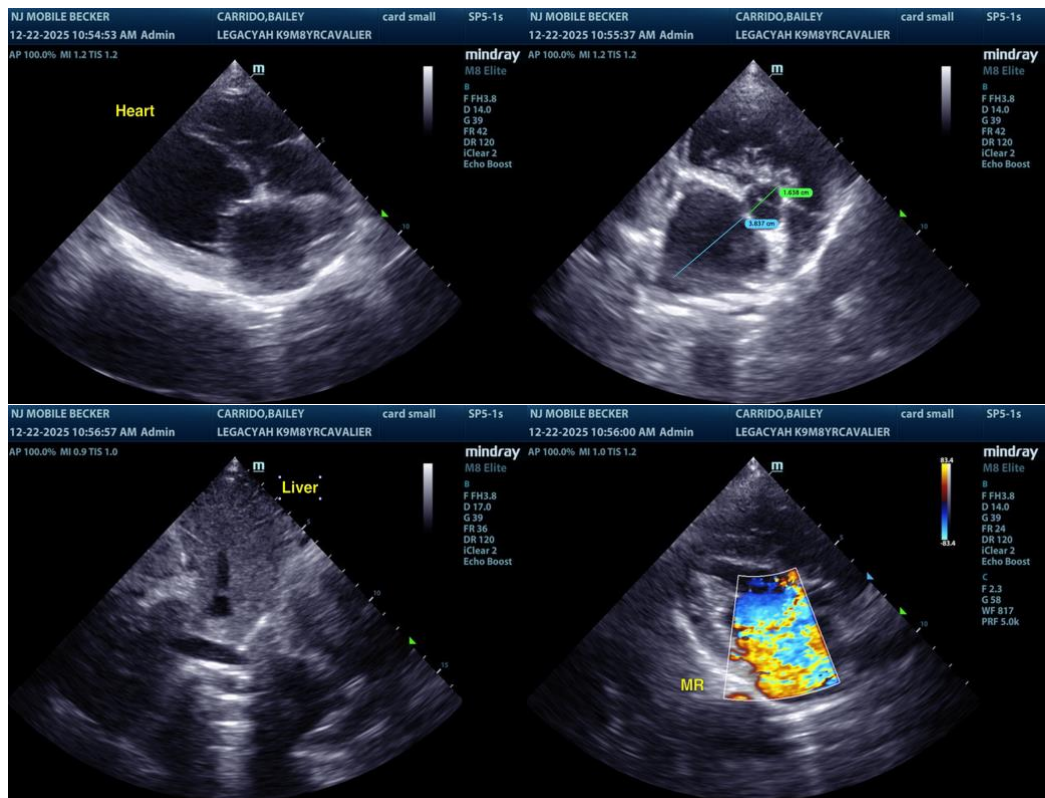
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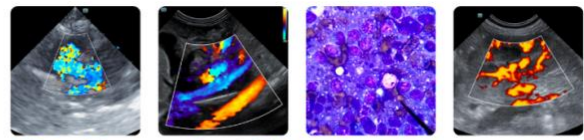
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall static cardiac presentation compared to the previous study without overt evidence of significant progressive LA/LV enlargement. The degree of left chamber enlargement is consistent with volume overload continues to indicate the current and future risk of complications, secondary to MR, is significantly elevated. If patient is stable, continued current triple therapy is recommended. Monitoring of resting respiration rate, renal parameters, systemic BP and if evidence of arrhythmia, ECG going forward is advised. Mild increased dose and frequency or diuretic combination is indicated if evidence of left sided congestion. Sonographic monitoring for further prognosis is advised. Recheck echo is suggested in 6 months or sooner if clinically indicated. Elective anesthesia is not advised.





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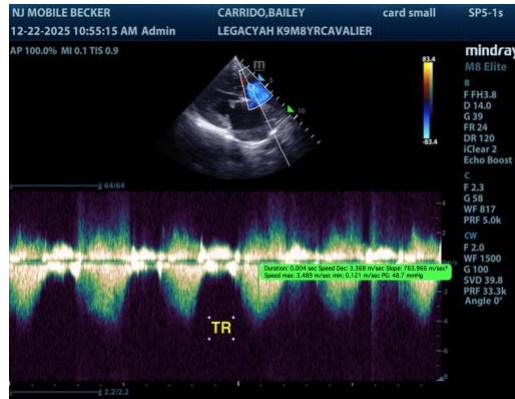
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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