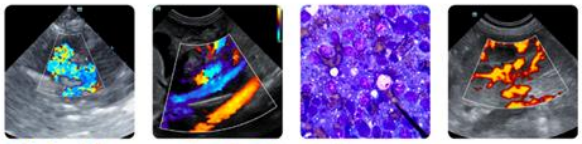


PATIENT

LIAM DALPHOND

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

13

WEIGHT

3.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr Sharkawy

INVOICE
23112

DATE
12/03/2025

PRESENTING CLINICAL SIGNS

Chronic mitral valve disease with mitral valve prolapse – ACVIM B2/B2+

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

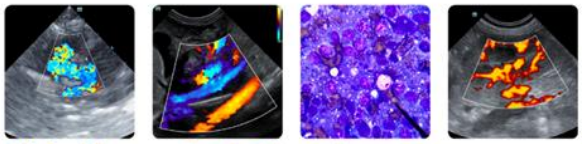
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	--	--	--	2.1	44	76	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	--	1.0	0.7	--	2.9	2.2	--

Cardiac Presentation

The echocardiogram in this patient demonstrated significant increased left atrial size overall static based on 2 different LA measurement methods. Mild associated intra atrial septal deviation was present. The cranial and caudal mitral valve leaflets presented variable to significant thickening (anterior greater than posterior consistent with endocardiosis with valvular prolapse. Doppler indicated significant eccentric insufficiency. The left ventricle presented thicknesses with linear contour and static increased LV dimension and mild 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 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. Brief hepatic assessment revealed no evidence of hepatic congestion.

ULTRASONOGRAPHIC FINDINGS



PATIENT

LIAM DALPHOND

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

13

WEIGHT

3.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr Sharkawy

INVOICE
23112

DATE
12/03/2025

Primary

- Chronic mitral valve disease with mitral prolapse (ACVIM B2-B2+)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar to static cardiac presentation compared to the previous study without overt evidence of increased left chamber dimension. Continued previously recommended triple therapy with baseline monitoring of resting RR going forward is recommended. Elective anesthesia is not advised.

The prognosis remains very guarded as this patient will continue to remain at increased risk for progressive CHF or development of malignant arrhythmia. Monitoring of renal parameters while on diuretic therapy is indicated. Recheck echo recommended in 6 months, sooner if progressive clinical signs.

PATIENT

LIAM DALPHOND

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

13

WEIGHT

3.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

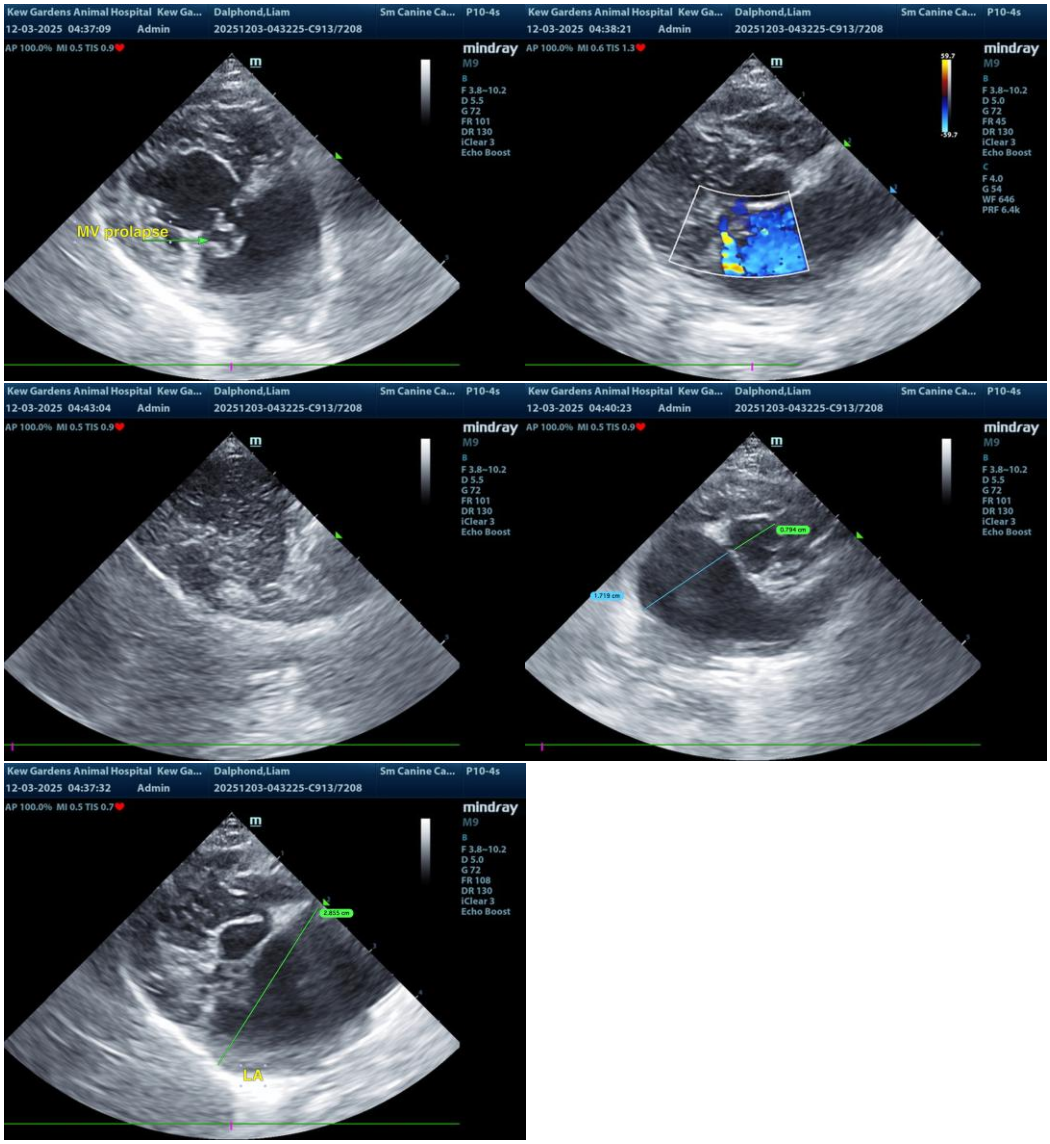
Kew Gardens Animal Hospital

REFERRING VET

Dr Sharkawy

INVOICE
23112

DATE
12/03/2025



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