SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
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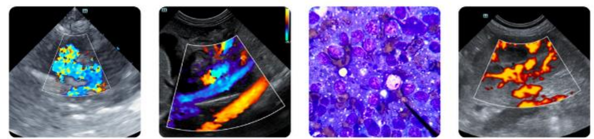

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Riley Neidzielski

SPECIES

Canine

BREED

Cava Chin

SEX

FS

AGE

10 yrs

WEIGHT

21.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

10401

DATE

12/3/25

PRESENTING CLINICAL SIGNS

Heart murmur 4/6. Currently on vetmedin 2.5mg BID
Abnormal PE/Chem/CBC/UA Results: N/A

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	5.7	3.0		1.53	50	82	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	NM	1.6	1.0		3.2	3.3	

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler revealed significant eccentric MR (MR velocity 5.7 m/s). The **left ventricle** presented mild 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 mild thickening with TR on Doppler (measured TR velocity 3.0 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. There is no evidence of hepatic congestion.

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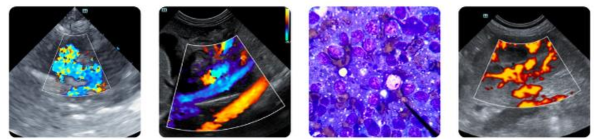

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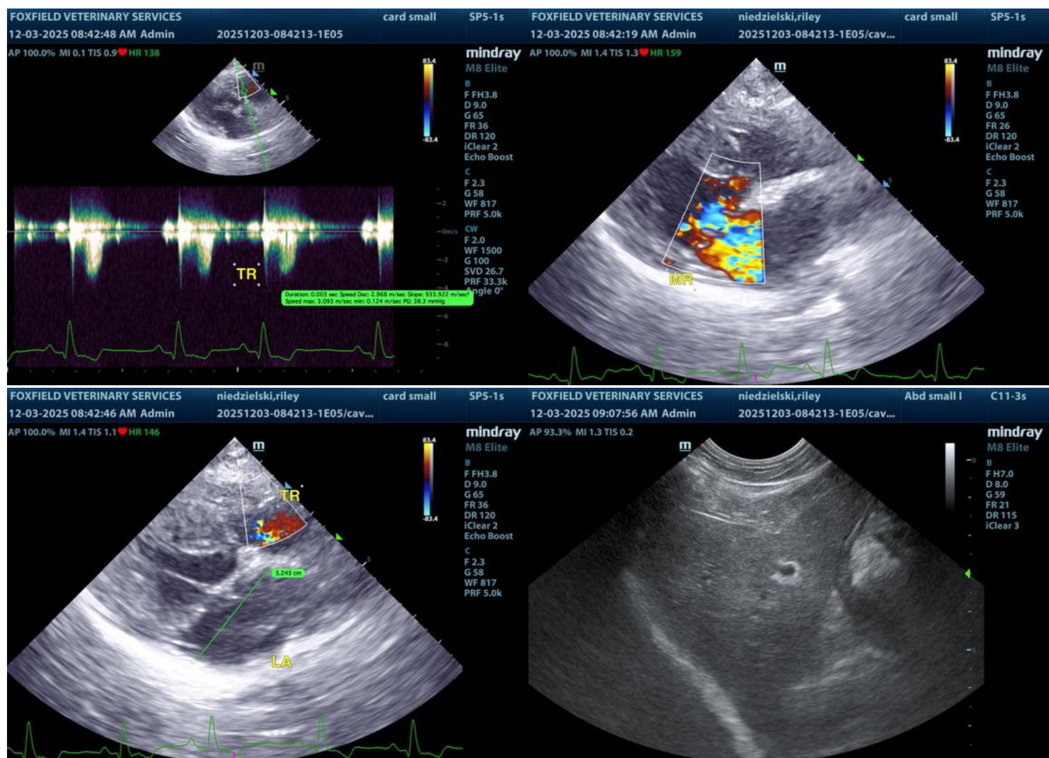
ULTRASONOGRAPHIC FINDINGS

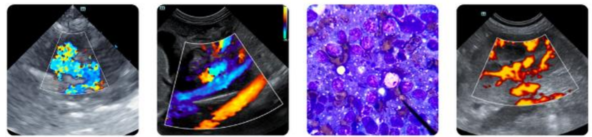
- Chronic mitral valve disease (ACVIM mild B2)
- TV insufficiency - mild increased estimated pulmonary pressure, no evidence of clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary primary eccentric MR and mild TR. The mild increased LA / LV dimension indicates that the current and future risk of complications is mild with an overall compensated presentation. Continued Pimobendan 0.3 mg/kg BID is recommended. There is no indication for additional medication, assuming the patient is nonclinical. Prognosis is variable and sonographic monitoring is advised. A recheck echocardiogram is recommended in 6 months, sooner if clinically indicated. The current 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.





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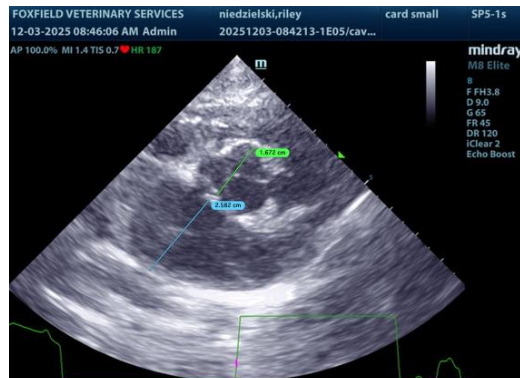

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com