



PATIENT

Bobo Papadatos

SPECIES

Canine

BREED

Bichon

SEX

MN

AGE

18yr

WEIGHT

25.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Paradise

REFERRING VET

Dr Elshafie

INVOICE
22392

DATE
12/31/2025

PRESENTING CLINICAL SIGNS

Mitral valve insufficiency. Concurrent tricuspid insuff is possible. The pulmonary markings may represent emerging cardiogenic pulmonary edema. Dynamic tracheal collapse. Meds- vetmedin, lasix, diphen, doxy

Abnormal PE/Chem/CBC/UA Results: BUN-59 Cre-1.8 ALT-125 RBC-10.88 HCT-64.5 HGB-22.1 Mon-1.26 CPL-normal. SDMA-15

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	2.5	--	--	45	78	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.	--	3.1	2.9	--

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 indicated measurable significant eccentric insufficiency. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. 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 mild TR. 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 or hepatic congestion.



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ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic mitral valve disease (B2)
- Mild TV insufficiency - no overt clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild LA enlargement indicates the current and future risk of complications secondary to MR is mildly elevated yet subjectively the overall heart appears to be compensated without evidence of significant chamber dilation or evidence of clinical pulmonary hypertension. Current Vetmedin 0.3 mg/kg BID is warranted. If strong concern for radiographic pulmonary edema, current Lasix trial with clinical and radiographic monitoring would be reasonable although non-cardiogenic edema or lower airway disease if respiratory signs is favored. Cardiac prognosis is highly variable and sonographic monitoring is advised. Recheck echo recommended in 6 months, sooner if progressive clinical signs.

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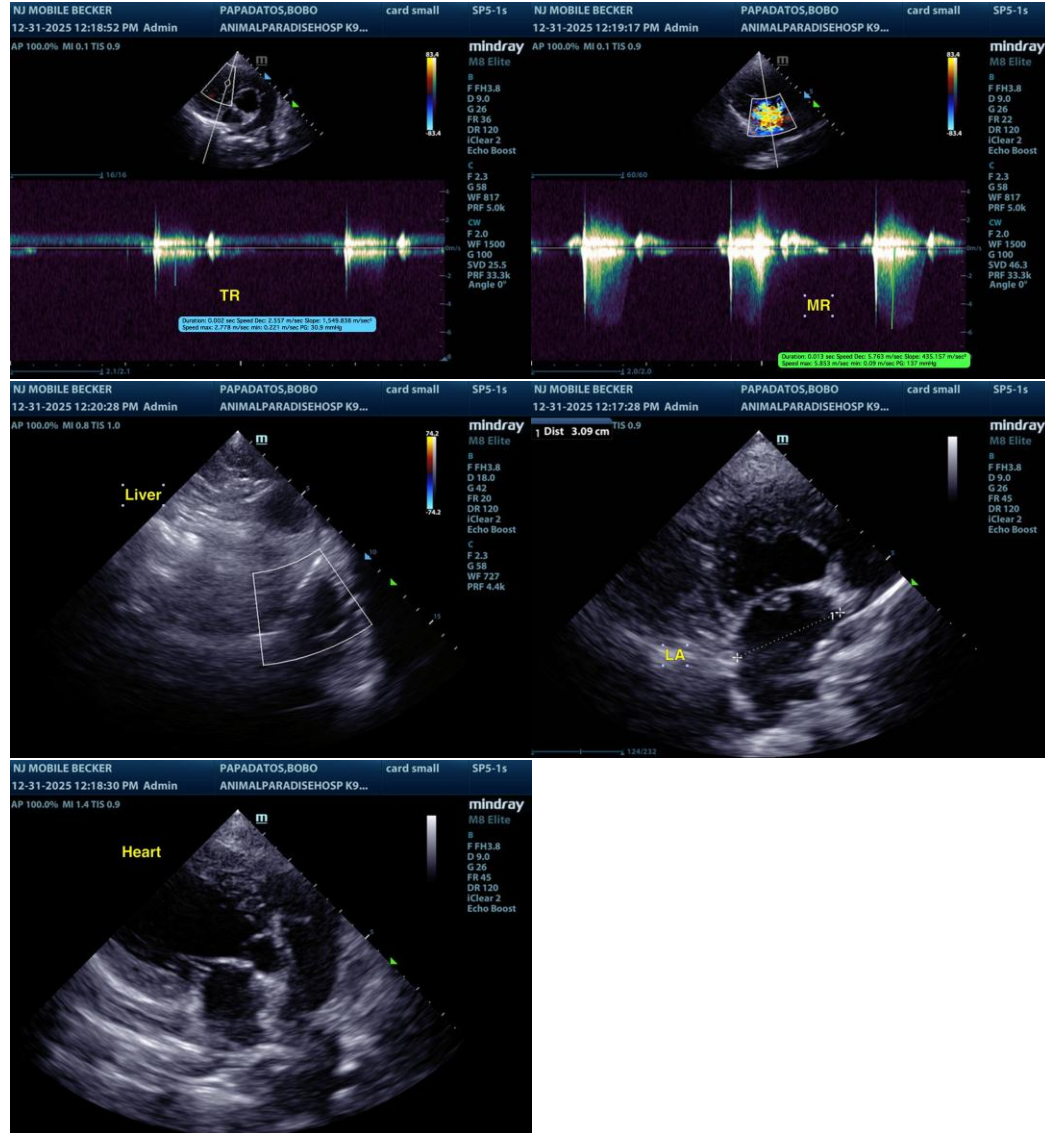
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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