



**PATIENT PRESENTING CLINICAL SIGNS**

Clyde OHare Recheck echo to continue meds

**SPECIES** Current meds: Pimobendan 1.25mg BID, Furosemide 12.5mg BID, Enalapril 1.25mg SID, Spironolactone 6.25mg SID

Canine Abnormal PE/Chem/CBC/UA Results: Pending

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Shih Tzu

**SEX**

Male (neutered)

**AGE**

12 years

**WEIGHT**

10.2 lbs.

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**  
 Meghan Morse, LVT,  
 CVT

**HOSPITAL NAME**

Chester Animal  
 Hospital

**REFERRING VET**

Dr. Migliaccio

**INVOICE**

10423

**DATE**

12/9/25

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.4			1.46	40	81	0.25
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	NM	1.1	0.9		2.9	2.9	

**Cardiac Presentation**

The echocardiogram in this patient demonstrated borderline increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening (anterior > posterior) consistent with endocardiosis with septal leaflet prolapse. Doppler revealed significant eccentric MR (MR velocity 5.4). 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 adequate linear morphology. Minor TR was noted on Doppler. 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.



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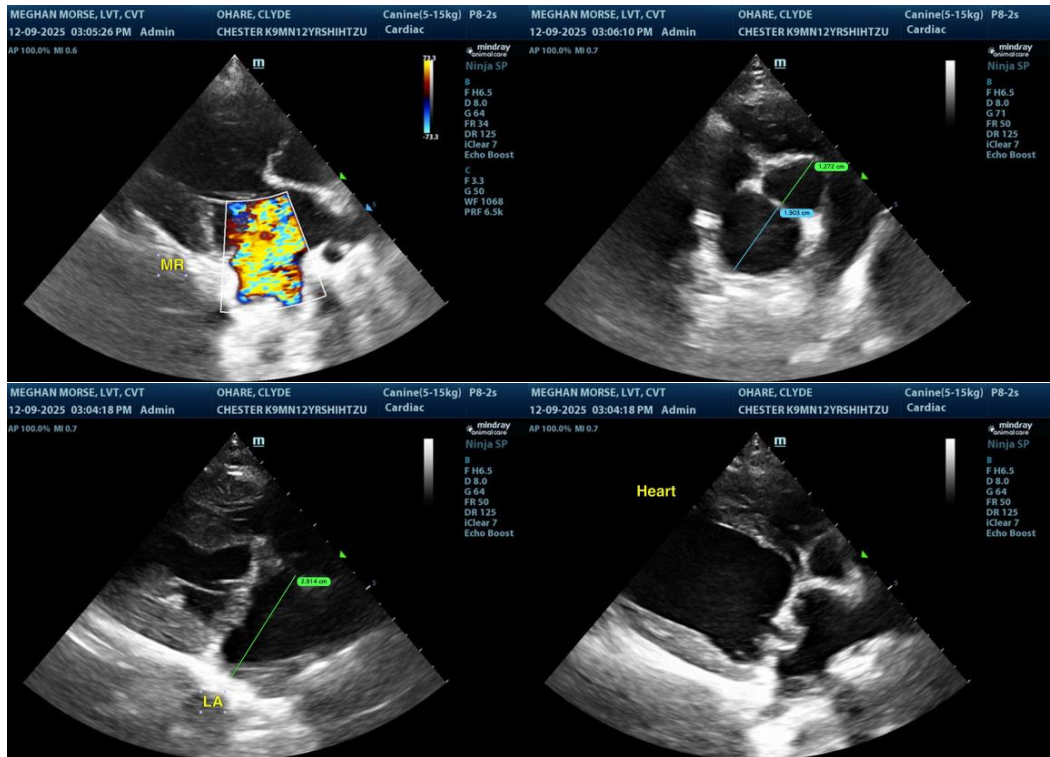
**ULTRASONOGRAPHIC FINDINGS**

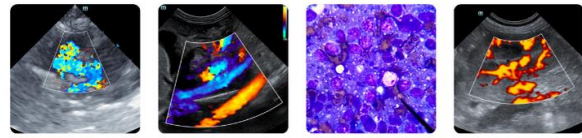
- Chronic mitral valve disease with valve prolapse (ACVIM B1 – mild B2)
- Mild TV insufficiency – no evidence of clinical pulmonary hypertension

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lack of LA enlargement or left heart volume overload indicates that the current and future risk of complications secondary to MR based on this echocardiogram is mild. In a presumed non-clinical patient with no evidence of significant left chamber enlargement, there is no indication for diuretic therapy. Continued Pimobendan +/- ACE inhibitor, if evidence of hypertension, would be reasonable. Prognosis is variable going forward and sonographic monitoring is advised. Recheck echocardiogram is recommended in 6 months, sooner if clinically indicated. Current cardiac anesthetic risk is considered mild. If required, the following protocol is suggested.

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.





**PATIENT**

Clyde OHare

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.

**SPECIES**

Canine

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.

**BREED**

Shih Tzu

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[info@sonopath.com](mailto:info@sonopath.com)

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