

**PATIENT**

Kallie Matirko

**SPECIES**

Canine

**BREED**

Pomeranian Mix

**SEX**

Female (spayed)

**AGE**

14 years

**WEIGHT**

9.7 lbs.

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Chester AH

**REFERRING VET**

Dr. Migliaccio

**INVOICE**

10424

**DATE**

12/9/25

**PRESENTING CLINICAL SIGNS**

Heart murmur recheck- no change in murmur.

Current meds: Pimobendan 1.25mg BID BP: 156/102

Abnormal PE/Chem/CBC/UA Results: ALT 165, BUN 39, Amylase 1145

**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	5.2			1.35	51	84	0.2
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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	1.4	1.0		3.2	2.9	

**Cardiac Presentation**

The echocardiogram in this patient demonstrated borderline to 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 eccentric MR (MR velocity 5.2 m/s). 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. Aortic insufficiency was noted on Doppler. 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.



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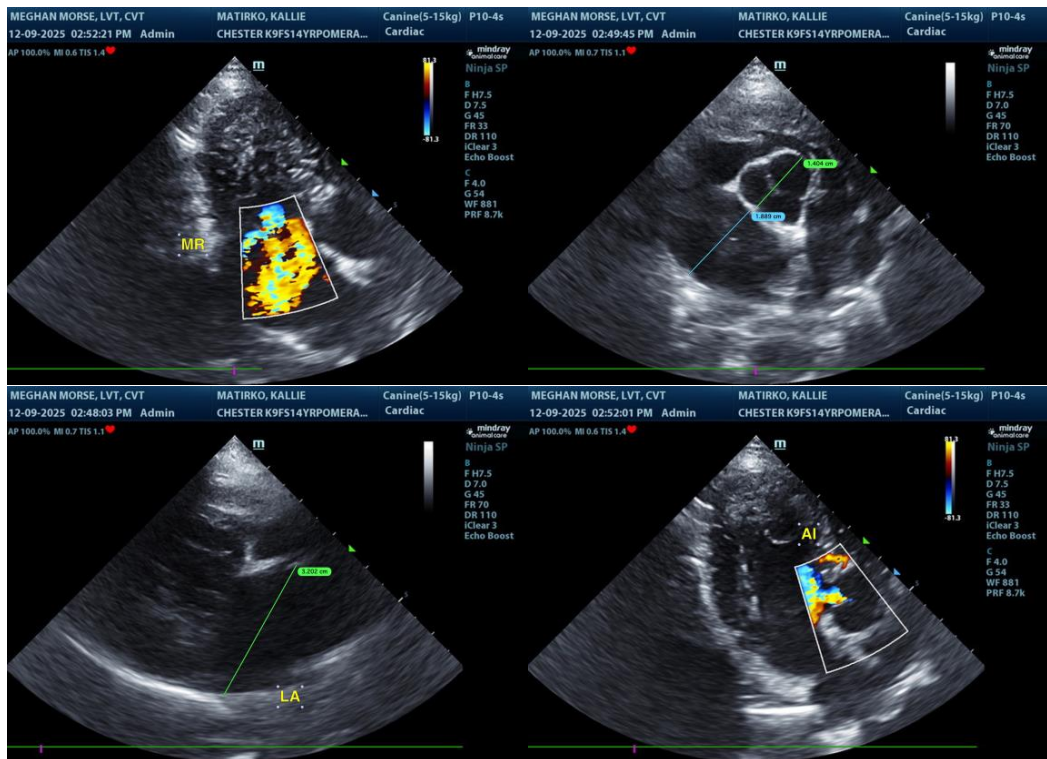
**ULTRASONOGRAPHIC FINDINGS**

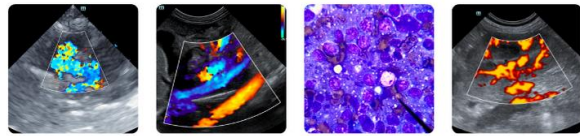
- Static chronic mitral valve disease (ACVM mild B2)
- Aortic valve insufficiency

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Technically, based on LA/AO heart base measurement, the cardiac presentation is classified as B1, yet given evidence of borderline to mild LA dilation on 2D measurements, continued Pimobendan 0.3 mg/kg PO BID is recommended. Assessment of systemic BP for evidence of hypertension, given aortic valve insufficiency, is recommended. There is no indication for additional cardiac medications. Overall similar presentation compared to the previous study without evidence of progression. Prognosis remains variable, and sonographic monitoring is advised. Recheck echocardiogram is recommended in 6 months, sooner if clinically indicated.

Current anesthetic risk remains 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](mailto:info@sonopath.com)