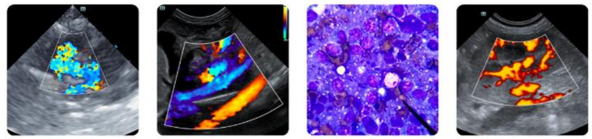
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Snowie Magnus

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

10.2 lbs.

WEIGHT

24

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

JM Pet Resort & Veterinary Clinic

REFERRING VET

Sorbo

INVOICE

10430

DATE

12/9/25

PRESENTING CLINICAL SIGNS

P has a grade 4/6 systolic murmur P has had one echo previously and is on vetmedin 2.5 mg O reports that P coughs after drinking and has had two episodes of exercise induced collapse Sleeping RR = 24 BP 94mmHg

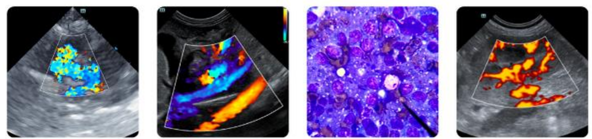
Abnormal PE/Chem/CBC/UA Results: CXR report pending - overt cariomegaly.

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				2.2	42	69	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	1.2	0.6		5.2	4.6	

Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased **left atrial** dimension with interatrial septal deviation based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis with minor valvular prolapse. Doppler indicated measurable insufficiency. The **left ventricle** presented thicknesses with linear contour and significant increased LV dimension and increased LV 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. No evidence of arrhythmia or hepatic congestion was noted.



PATIENT

Snowie Magnus

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

10.2 lbs.

WEIGHT

24

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

JM Pet Resort & Veterinary Clinic

REFERRING VET

Sorbo

INVOICE

10430

DATE

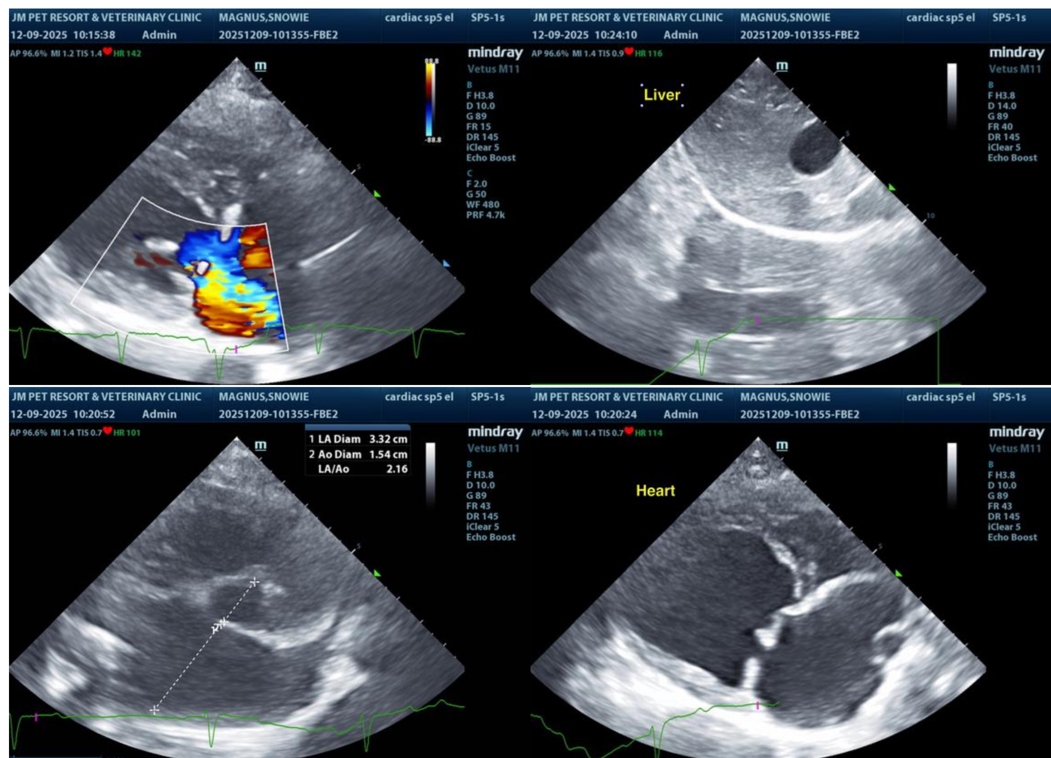
12/9/25

ULTRASONOGRAPHIC FINDINGS

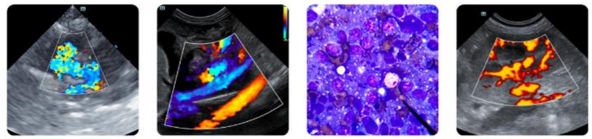
- Chronic mitral valve disease with left heart volume overload (ACVIM Stage B2+ - C)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evidence of left heart volume overload indicates that the current and future risk of complications secondary to MR is significantly elevated, with potential for emerging left-sided congestion. Continued Vetmedin 0.3 mg/kg, Lasix at lowest effective dose 1.0-2.0 mg/kg PO BID, and ACE inhibitor 0.5 mg/kg SID, titrating to BID is recommended. Respiratory support or antitussive medication, if evidence of coughing potential secondary to emerging congestion, mainstem bronchi irritation, or possible concurrent lower airway disease is recommended. Mild salt restriction and omega fatty acid supplementation may prove beneficial. There is no overt evidence of clinical pulmonary hypertension. Prognosis going forward is extremely guarded with sonographic monitoring, as well as monitoring of resting respiration rate, indicated. Recheck echocardiogram is recommended in 4-6 months, sooner if clinically indicated. Elective anesthesia is not advised.



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.



PATIENT

Snowie Magnus

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

10.2 lbs.

WEIGHT

24

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME
JM Pet Resort & Veterinary Clinic

REFERRING VET

Sorbo

INVOICE

10430

DATE

12/9/25

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