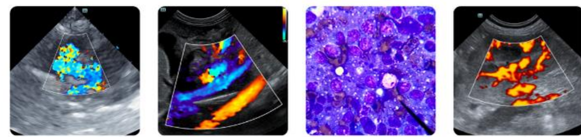


PATIENT
Ava Efchak

SPECIES
Canine

BREED
Chihuahua

SEX
FS

AGE
15 yrs 8 mon

WEIGHT
8.4 lbs.

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

IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
Heart and Paw LH

REFERRING VET
Dr. Verhalen

INVOICE
10621

DATE
2/10/26

PRESENTING CLINICAL SIGNS

History:

- Clearance for anesthesia, no current HM or clinical signs- O wants to confirm no underlying issues prior to anesthesia.

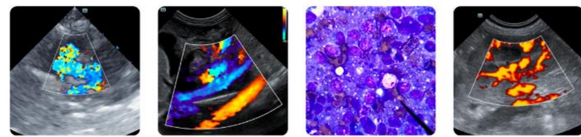
Abnormal PE/Chem/CBC/UA Results: ALP-662 BUN-54

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	-	-	-	1.36	44	76	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (lbs)	**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	0.64	8.4	2.0	2.0	-

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild endocardiosis, no evidence of valvular prolapse. Doppler indicated mild eccentric MR. 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. Normal measured LVOT velocity was noted. 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). Normal measured RVOT velocity was noted. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrhythmia was noted.



PATIENT

Ava Efchak

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

15 yrs 8 mon

WEIGHT

8.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Heart and Paw LH

REFERRING VET

Dr. Verhalen

INVOICE

10621

DATE

2/10/26

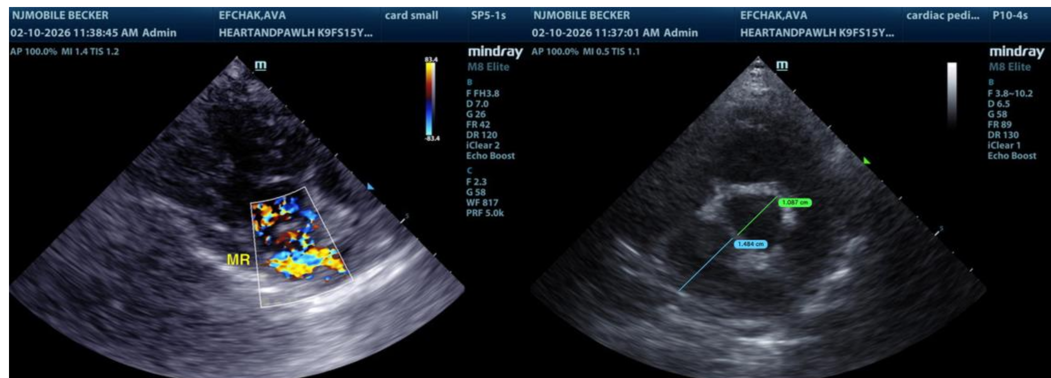
ULTRASONOGRAPHIC FINDINGS

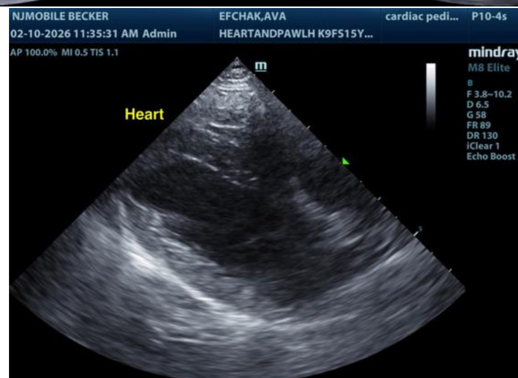
- Normal cardiac structure / function
- Mild compensated mitral valve insufficiency (B1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no reported heart murmur, the mitral valve insufficiency may not be audible, yet the hemodynamic effects appear low. There is no indication for cardiac medications. There are no anesthetic contraindications if anesthesia is required. Conservative monitoring for audible murmur going forward is advised. Recheck echocardiogram is suggested in 8-12 months, sooner if an audible murmur or clinical signs arise.

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

Ava Efchak

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

15 yrs 8 mon

WEIGHT

8.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Heart and Paw LH

REFERRING VET

Dr. Verhalen

INVOICE

10621

DATE

2/10/26

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