

PATIENT

Juliet Mcallister

SPECIES

Canine

BREED

Toy Fox terrier

SEX

FS

AGE

15 yrs

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Hospital of
Sussex County

REFERRING VET

Dr. Lovell

INVOICE

10618

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History:

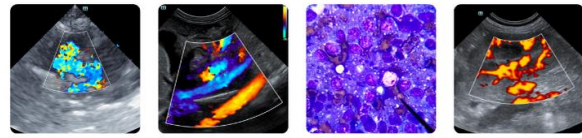
- recheck echo- stage b2 mitral dz grade 4/6 L apical systolic murmur, cough

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	5.0	2.7	-	2.3	45	79	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	220	1.1	1.0	9.5	3.7	2.8	-

Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased **left atrial** dimension with interatrial septal deviation on 2 LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Valvular prolapse was present. Doppler indicated measurable severe eccentric insufficiency (5.0 m/s). The **left ventricle** presented normal thicknesses with linear contour and moderate to severe increased LV dimension. 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 thickening with mild to moderate TR on Doppler (measured TR velocity 2.7 m/s). 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. Mild tachycardia was present. There is no evidence of hepatic congestion.



PATIENT

Juliet Mcallister

SPECIES

Canine

BREED

Toy Fox terrier

SEX

FS

AGE

15 yrs

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Hospital of
 Sussex County

REFERRING VET

Dr. Lovell

INVOICE

10618

DATE

2/11/26

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with valve prolapse (ACVIM B2+ - possible emerging C)
- TV insufficiency - estimated pulmonary pressure gradient consistent with mild pulmonary hypertension

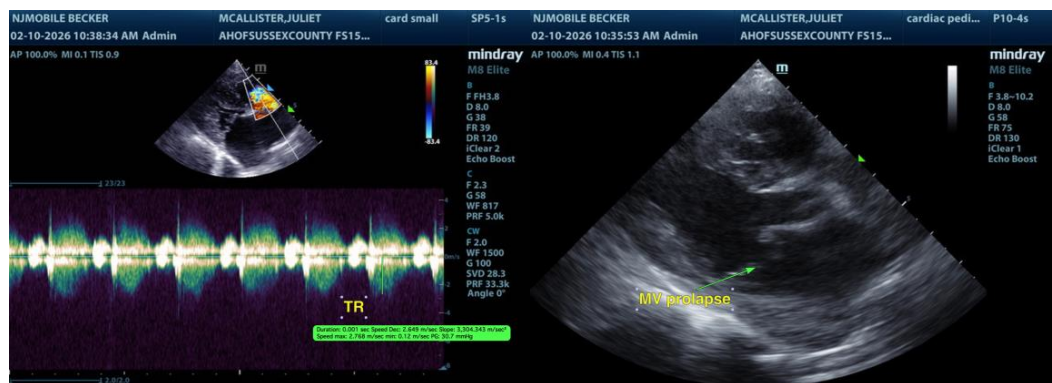
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Progressive LA/LV enlargement compared to the previous study indicates that the current and future risk of complications secondary to MR and left heart volume overload is significantly elevated, with possible clinical signs consistent with left-sided congestion. The coughing may be multifactorial owing to congestion, mainstem bronchi irritation owing to LA enlargement, and concurrent lower airway component.

Continued Pimobendan 0.3 mg/kg BID, Lasix at the lowest effective dose 1.0-2.0 mg/kg BID, and ACE inhibitor 0.5 mg/kg SID - BID with monitoring of systemic BP are recommended. Concurrent anti-tussive medication Hydrocodone is indicated. Omega fatty acid supplementation and mild salt restriction may prove beneficial. Serial monitoring of the resting respiration rate going forward is advised.

Prognosis is highly guarded going forward with sonographic monitoring indicated. Recheck echocardiogram is suggested in 6 months, sooner if progressive clinical signs. Elective anesthesia is not advised. If required, the following protocol is recommended with limited anesthetic time and judicious fluid administration.

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

Juliet Mcallister

SPECIES

Canine

BREED

Toy Fox terrier

SEX

FS

AGE

15 yrs

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Hospital of
 Sussex County

REFERRING VET

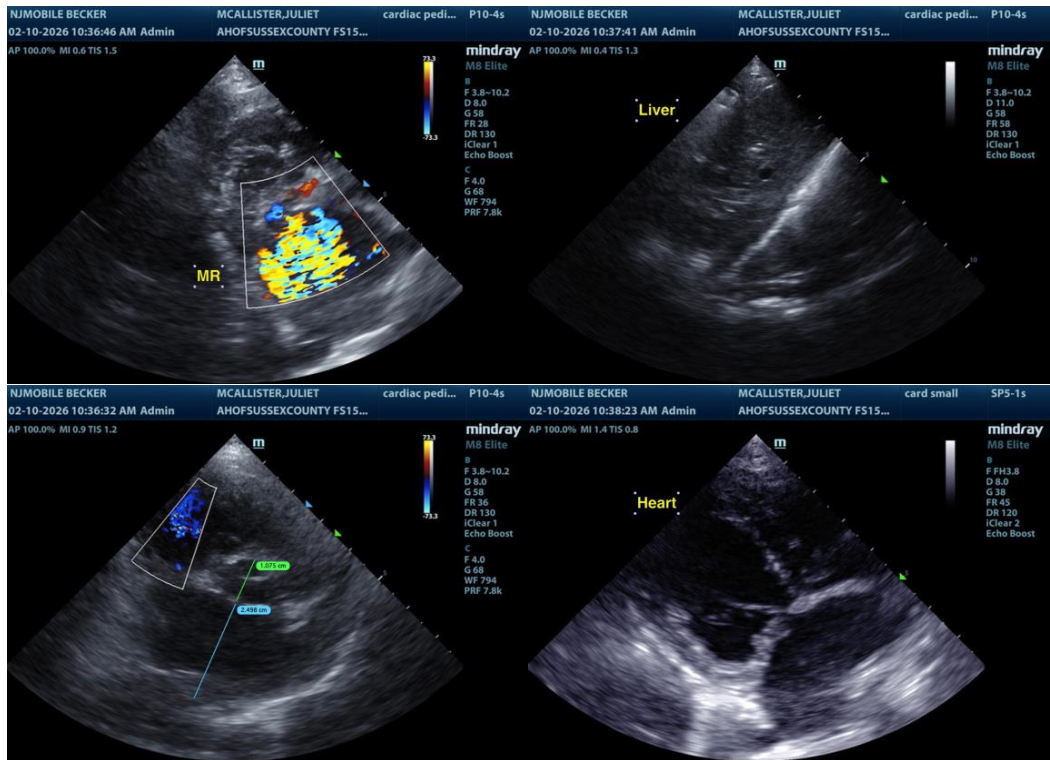
Dr. Lovell

INVOICE

10618

DATE

2/11/26



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