



PATIENT

Lola Guardado

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

15

WEIGHT

10.2

PRESENTING CLINICAL SIGNS

- coughing for the past several days
- Chronic mitral valve disease with valve prolapse (B2)
- The pet on Vetmedin 1.025 mg 1 tablet orally twice daily, also Furosemide and Enalapril.
- Abnormal PE/Chem/CBC/UA Results: Grade V/VI systolic heart murmur

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	--	--	--	1.92	40	74	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	1.0	0.8	10.2	3.6	3.2	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr SHarkawy

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Nader

INVOICE 23867

DATE
02/11/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate to severe increased left atrial size based on 2 different LA measurement methods with associated interatrial septal deviation. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Mild valvular prolapse. Doppler indicated significant eccentric insufficiency. The left ventricle presented 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 mild thickening with mild prolapse. Color Doppler assessment of the tricuspid valve was not utilized. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal 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 obvious arrhythmia.

ULTRASONOGRAPHIC FINDINGS

Primary



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- Progressive chronic mitral valve disease with valvular prolapse (ACVIM B2+ /C)
- Tricuspid valve prolapse, normal RA / pulmonary artery dimension

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Progressive LA / LV enlargement compared to the previous study indicates the current and future risk of complication is significantly elevated with emerging left heart volume overload. Continued current triple therapy is recommended. Concurrent respiratory support and antitussive medication is suggested. Definitive evidence of clinical pulmonary hypertension was not obvious given normal right atrial and pulmonary artery diameter, yet previously noted mild pulmonary hypertension is possible. Serial monitoring of resting RR going forward is advised.

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The prognosis is highly guarded going forward as this patient will remain at increased risk for progressive CHF, malignant arrhythmia, or progressive pulmonary hypertension. Elective anesthesia is not advised. Recheck echo is suggested in 4-6 months, sooner if progressive clinical signs.

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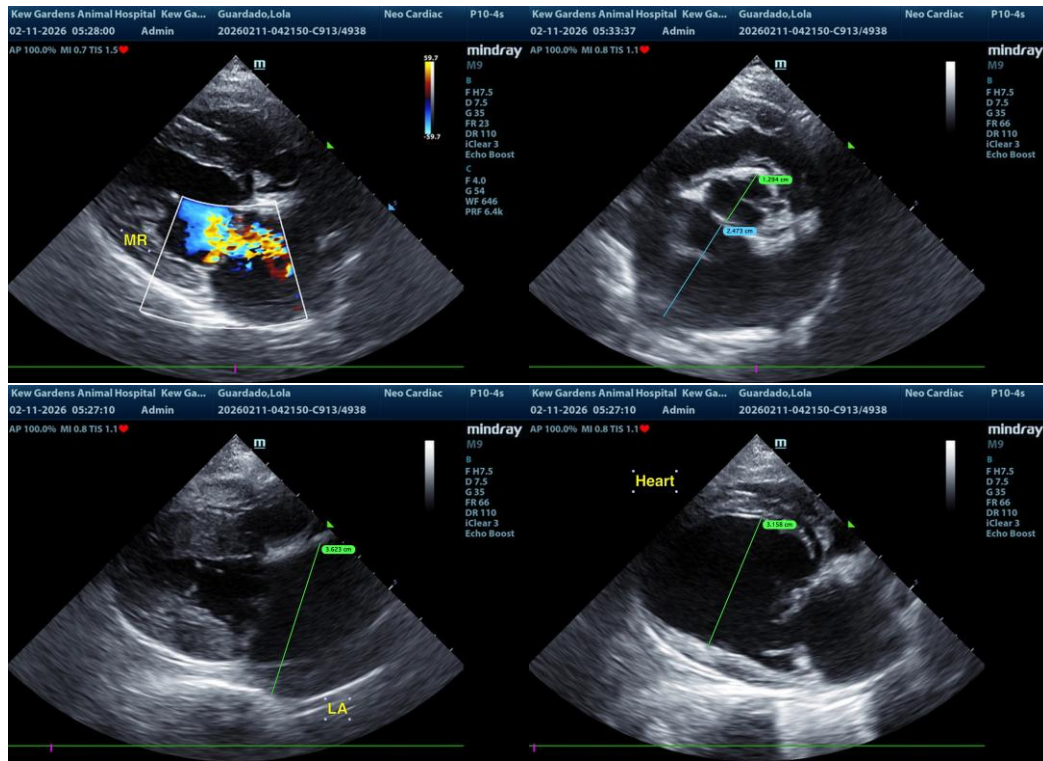
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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