



PATIENT

Ellie Lang

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

12 Years

WEIGHT

72.2 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Liebers

INVOICE

13879

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- Presents for increased difficulty breathing, which has been ongoing for a couple of months but has worsened over the last couple of weeks. Diagnosed with DCM at last echocardiogram 10/6/25 and hypertension (Doppler BP 168). Current medications include taurine supplement, Pimobendan (7.5 mg BID), furosemide (100 mg SID) , spironolactone 50 mg BID), benazepril (15 mg BID). No medications administered this morning. Last dose was last night.

Abnormal PE/Chem/CBC/UA Results: BCS 7/9, labored breathing, difficult to auscultate heart sounds. Blood pressure not attained due to lapse in medication administration. Thoracic radiographs showed pulmonary edema and cardiomegaly similar to previous radiographs. Enlargement of the left atrium and ventricle appears to have worsened on the VD projection. There are also changes suggestive of collapsing trachea.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

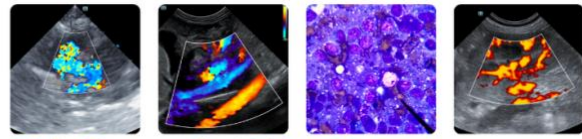
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	2.5	14	28	0.9
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 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	1.1	0.5	72.2	5.8	5.5	--

Cardiac Presentation

Significant static left ventricular dilation with decreased systolic function and increased EPSS and LV sphericity. Mild decreased LV wall thickness and severe LA enlargement. Mitral valve was mildly thickened without overt prolapse. Centralized to eccentric MR on doppler. The tricuspid valve was mildly thickened with minor indistinct TR on doppler. No overt evidence of clinical pulmonary hypertension. Normal RA/RV dimension. The aortic valve was normal with normal measured outflow velocity. Mild to previously noted AI on doppler. Normal pulmonic valve and measured RV outflow velocity. No PI, pericardial or pleural effusion. No obvious cardiac tumors. Subjective bradycardia.

ULTRASONOGRAPHIC FINDINGS

- Previously noted DCM like cardiomyopathy with left heart volume overload and MR.
- Mild TV insufficiency- clinical pulmonary hypertension.



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- Subjective bradycardia.
- Aortic valve insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall similar cardiac presentation compared to the previous study consistent with DCM-like cardiomyopathy which may be primary (suspected) or secondary owing to previously mentioned contributing factors. Congestive criteria is met despite current medical therapy.

Continued Pimobendan 0.3 mg/kg BID with consideration for TID dosing is recommended. Furosemide 2.0 to 3.0 mg/kg BID to TID combined with current spironolactone may prove beneficial. Assessment and monitoring of systemic BP for evidence of hypertension in conjunction with monitoring of renal parameters is recommended. Continued ACE inhibitor is indicated if systemic BP greater than 130.

Continued empirical taurine supplementation +/- troponin level is recommended. Monitoring of ECG is indicated. Elective anesthesia is not advised with recommended exercise restriction. Continued severe increased risk for progressive CHF, development of malignant arrhythmia, pulmonary hypertension or sudden death is indicated with potential end stage cardiomyopathy. Very guarded to potentially poor long-term prognosis is indicated.

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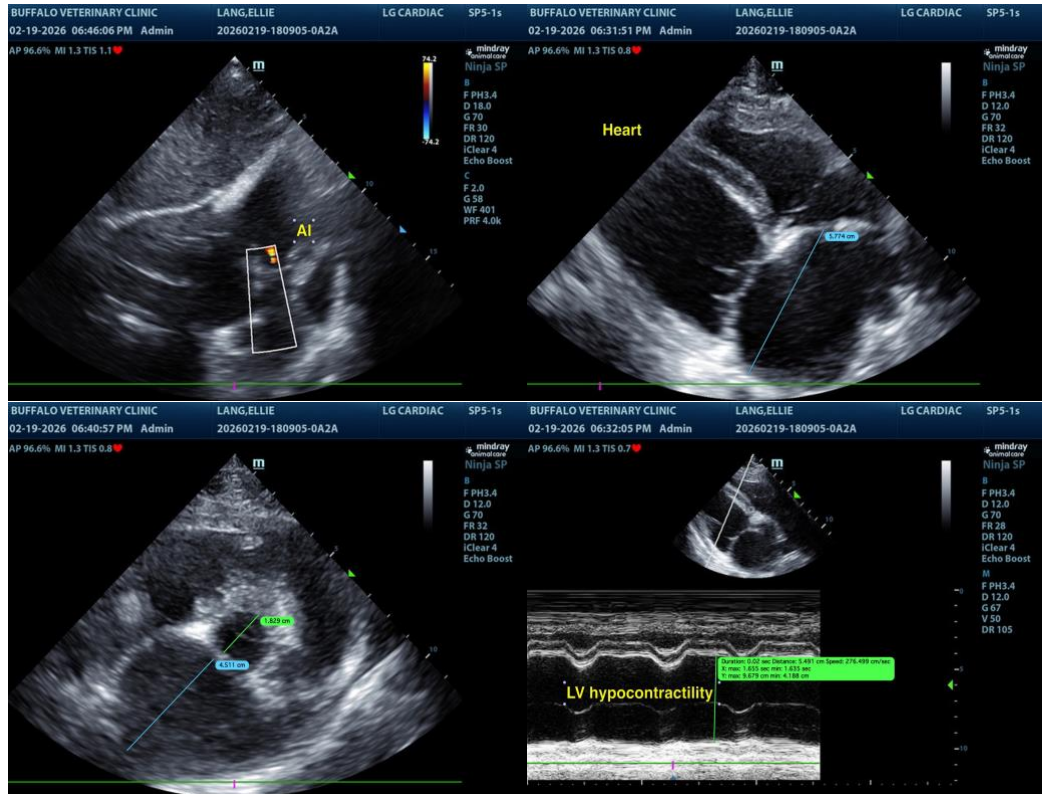
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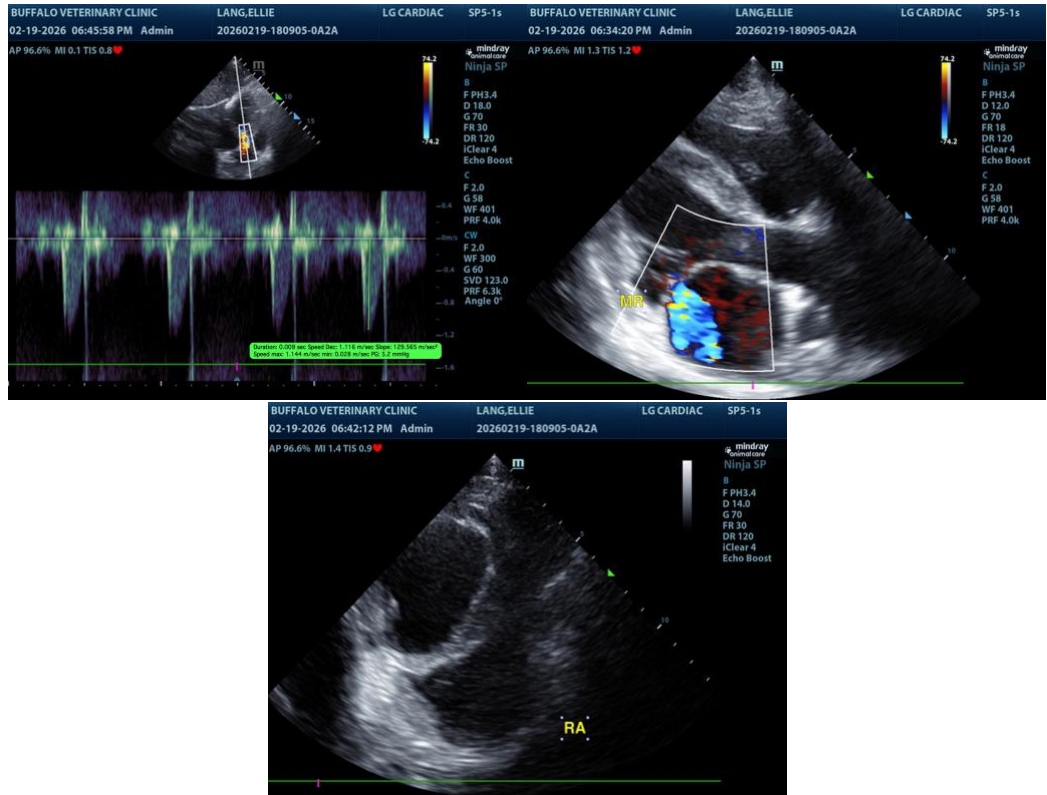
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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