



PATIENT

Elsa McGouldrick

SPECIES

Canine

BREED

Beagle Mix

SEX

FS

AGE

9yr

WEIGHT

40.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA AVH AH

REFERRING VET

Dr. Dymond-Szabo

INVOICE
23934

DATE
02/19/2026

PRESENTING CLINICAL SIGNS

- Grade III/VI heart murmur L + R, historical murmur but has increased in intensity
- seen at ER recently for increased seizures
- states is coughing more.
- Pre-anesthetic evaluation for dental
- current meds: Zonisamide 50mg po bid

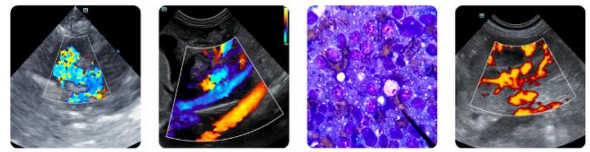
Abnormal PE/Chem/CBC/UA Results: Performed at ER- Alkp 203; phos 2.0; K+ 3.0

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		5.1	2.8	1.4	1.4	35	66	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		149	1.8	0.8	40.2lb	3.5	3.6	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated mild eccentric insufficiency. 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. 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. Mild TR on Doppler. 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 infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Elsa McGouldrick

Primary

- Compensated mitral valve insufficiency (B1)
- TV insufficiency-estimated pulmonary pressure gradient ~ 30 mmHg

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The cause of the murmur is most consistent with mild degenerative valvular changes and secondary MR/TR. The lack of LA enlargement indicates the current and future risk of complication secondary to MR is low. The estimated pulmonary pressure gradient is technically consistent with mild pulmonary hypertension yet not overtly clinical at this stage. The coughing this patient is likely non-cardiogenic in origin. No evidence of additional clinical issues such as arrhythmia or LV systolic dysfunction as an obvious contributing factor to seizure activity. No overt indication for cardiac medications at this stage.

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Cardiac anesthetic risk is considered mild. Sonographic monitoring is recommended for further prognosis. Recheck echo suggested in 6 months, sooner if progressive clinical signs arise. Respiratory support is indicated.

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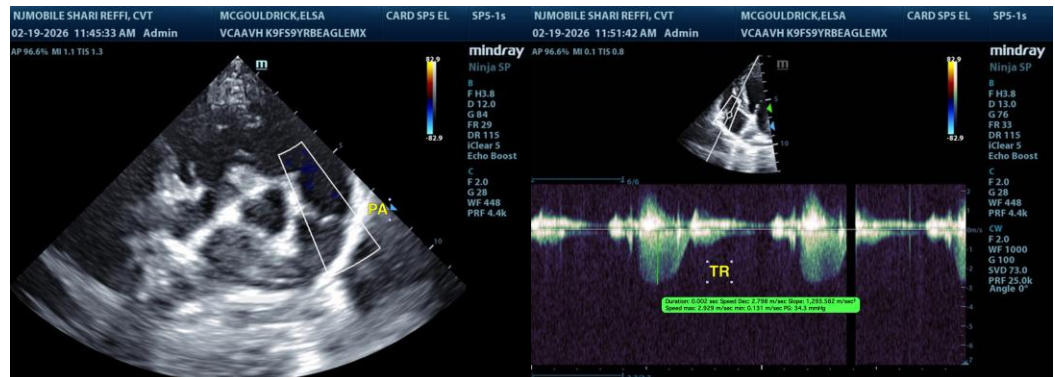
Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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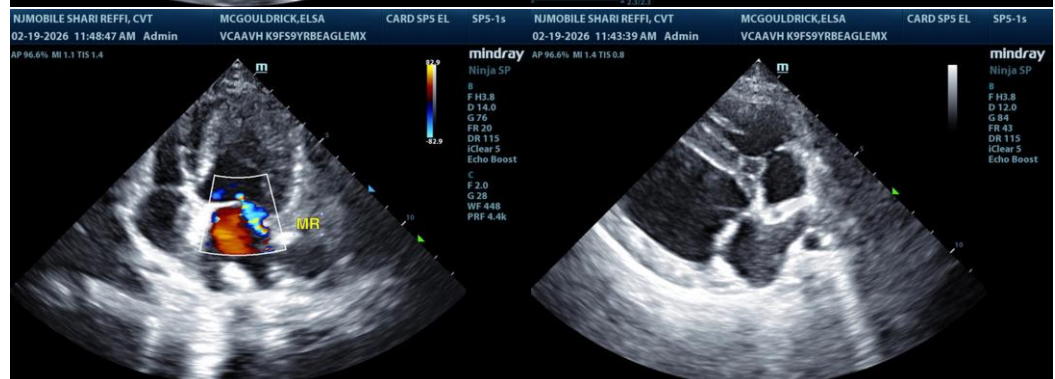
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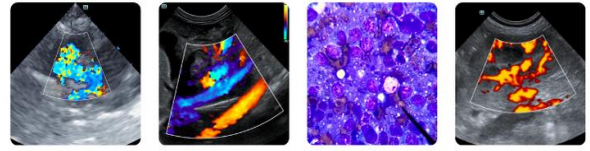
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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