



PATIENT

Rocco Russo

PRESENTING CLINICAL SIGNS

- pre anesthetic work up for eye lid mass removal, ulcerated , bleeding , rubbing on cornea , New Grade 5/6 HM Current meds Cetirizine /Trazadone

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: TP 8.3 ALB 4.0 ALP 333 T bili 1.3 CBC WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Shih Tzu

SEX

MN

AGE

10

WEIGHT

28.4

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	6.0	--	--	1.6	50	82	0.2
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	1.3	0.7	28.4	3.3	3.2	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Salazar

INVOICE 23941

DATE
02/20/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated borderline increased left atrial size based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The left ventricle presented borderline increased 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 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). No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No arrhythmia present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic mitral valve disease (ACVIM B2)
- Borderline elevated measured MR velocity



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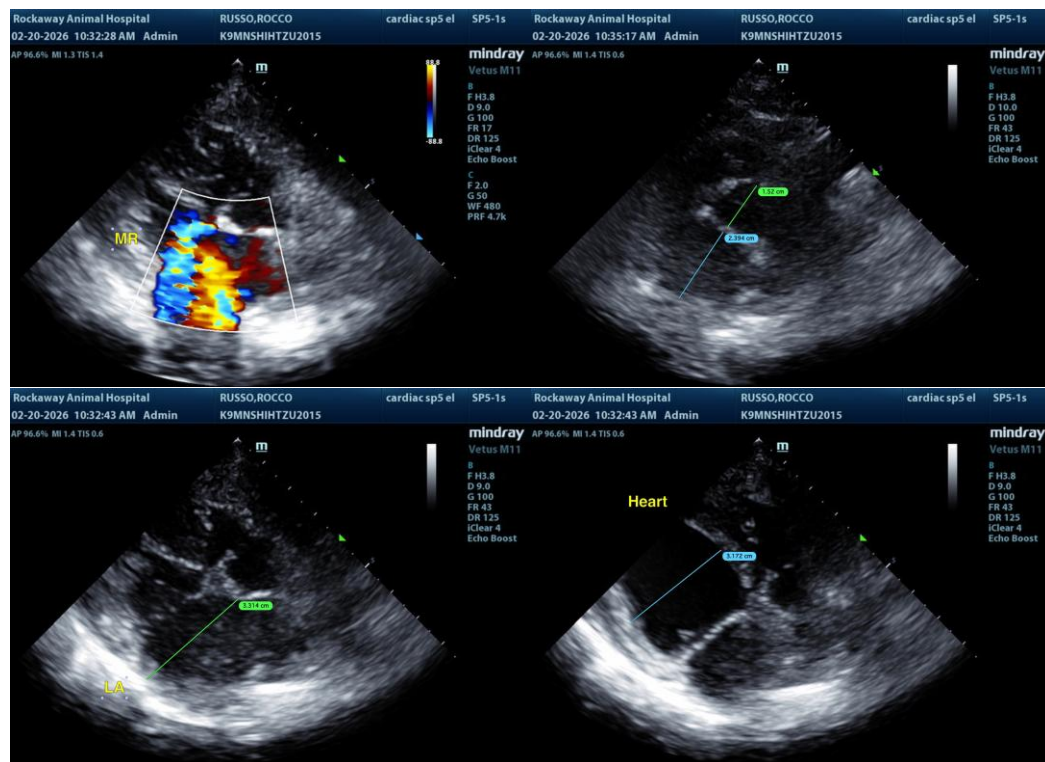
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The borderline increased LA /LV dimension indicates the current and future risk of complication secondary to MR is mildly elevated yet overall, the heart appears to be stable. This patient is considered borderline for the use of Vetmedin at this stage, yet Vetmedin 0.3 mg/kg BID is recommended given evidence of emerging LA enlargement. Assessment of systemic BP for evidence of hypertension recommended given borderline increased MR velocity. Ideally 3 days of Pimobendan prior to anesthesia is recommended. If surgery is immediately indicated, anesthetic risk is considered mild. The following protocol with clinical monitoring and judicious IV fluid administration is recommended. Recheck echo recommended in 6 months, sooner if progressive clinical signs.

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.



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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info@sonopath.com

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