



PATIENT

Trinity Carlucci

SPECIES

Canine

BREED

Havanese

SEX

Female Spayed

AGE

12y 9m

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Black River Vet

REFERRING VET

Dr. Hewitt

INVOICE

13160

DATE

2/3/26

PRESENTING CLINICAL SIGNS

History:

- 3/6 murmur, coughing x3 months, cardiomegaly, partial tracheal collapse, possible hepatomegaly.

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	--	--	--	2.3	45	82	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	1.9	1.2	--	3.6	3.4	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate to severe increased **left atrial** size based on 2 different LA measurement methods with mild deviated intra atrial septum. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis, mild vascular prolapse and possible mild septal leaflet chordae tendineae rupture. Doppler indicated severe eccentric MR. Borderline increased measured MR velocity measured 6.0 m/s. The **left ventricle** presented thicknesses with linear contour, increased LV dimension and sphericity. 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 valve thickening with mild TR noted 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 cardiac / pericardial tumors was visible. No evidence of arrhythmia or hepatic congestion.



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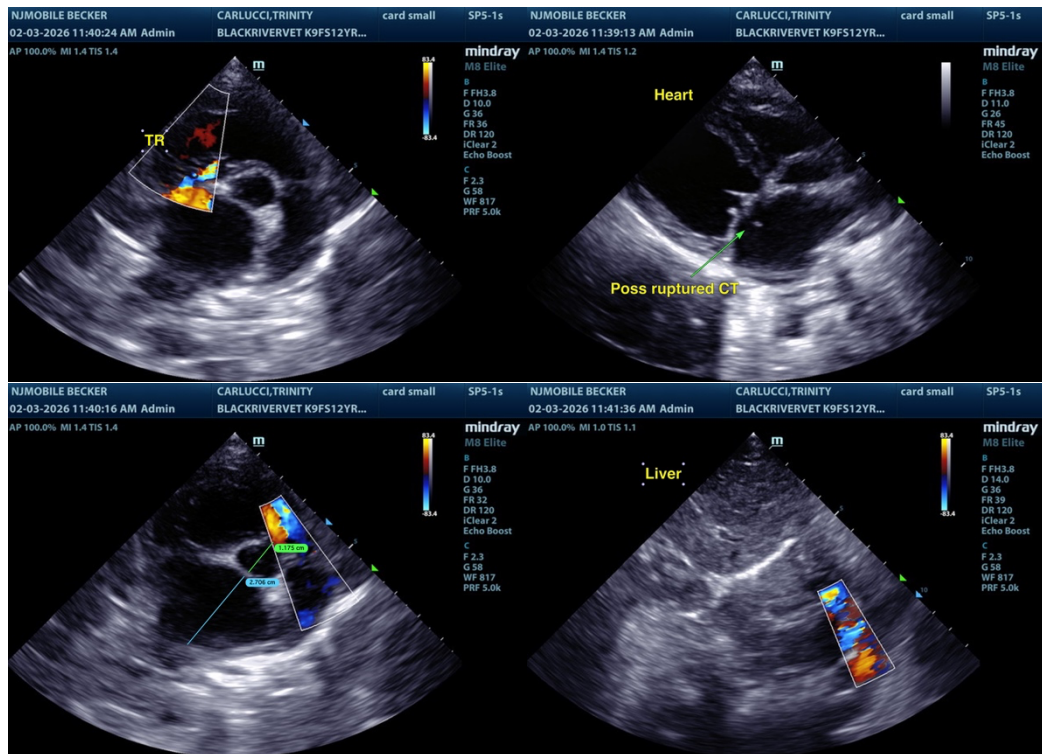
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ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with valvular prolapse and possible septal leaflet chordae tendineae rupture (B2-C)
- Mild TV insufficiency – no overt clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA enlargement indicates the current and future risk of complication is moderate to significantly elevated with potential emerging congestive criteria. Pimobendan 0.3 mg/kg BID is recommended with lowest effective dose Lasix 1-2 mg/kg BID if evidence of radiographic pulmonary edema. ACE inhibitor 0.5 mg/kg SID is recommended. The coughing in this patient may be multifactorial owing to emerging congestive cardiac disease and concurrent lower airway disease. Antitussive medication Hydrocodone is recommended. Serial monitoring of resting respiration rate going forward is advised, Prognosis remains highly guarded given potential for valvular chordae tendineae rupture. Serial sonographic monitoring indicated for further assessment. Recheck suggested in 4-6 months, sooner if acutely progressive clinical signs. Elective anesthesia is not advised pending further monitoring.





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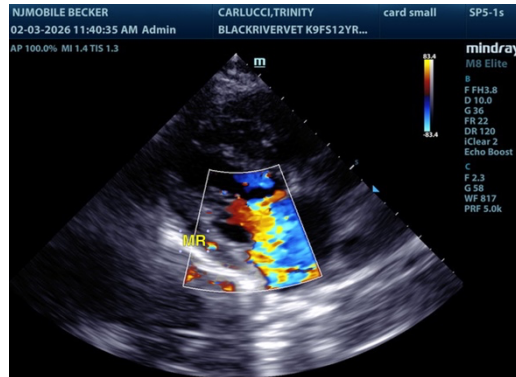
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com