



PATIENT PRESENTING CLINICAL SIGNS

Louie Zattsev

- Recheck echo

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Cavapoo

SEX

Male

AGE

9 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newbridge Vets

REFERRING VET

Dr. Glennon

INVOICE

13580

DATE

02/04/26

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	5.7	--	NM	2.2	34	63	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	178	1.2	1.0	NM	5.4	4.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased **left atrial** size based on 2 different LA measurement methods with intra-atrial septal deviation. The cranial and caudal **mitral valve** leaflets presented thickening consistent with endocardiosis with valvular prolapse and abnormal coaptation owing to LA enlargement. Doppler revealed severe eccentric MR. The **left ventricle** presented thicknesses with severe increased LV dimension and increased 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 mild thickening with mild valve prolapse and 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 cardiac / pericardial tumors was visible. No evidence of arrhythmia or hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with valvular prolapse (ACVIM Stage B2 + - C).
- Tricuspid regurgitation- no overt clinical pulmonary hypertension.



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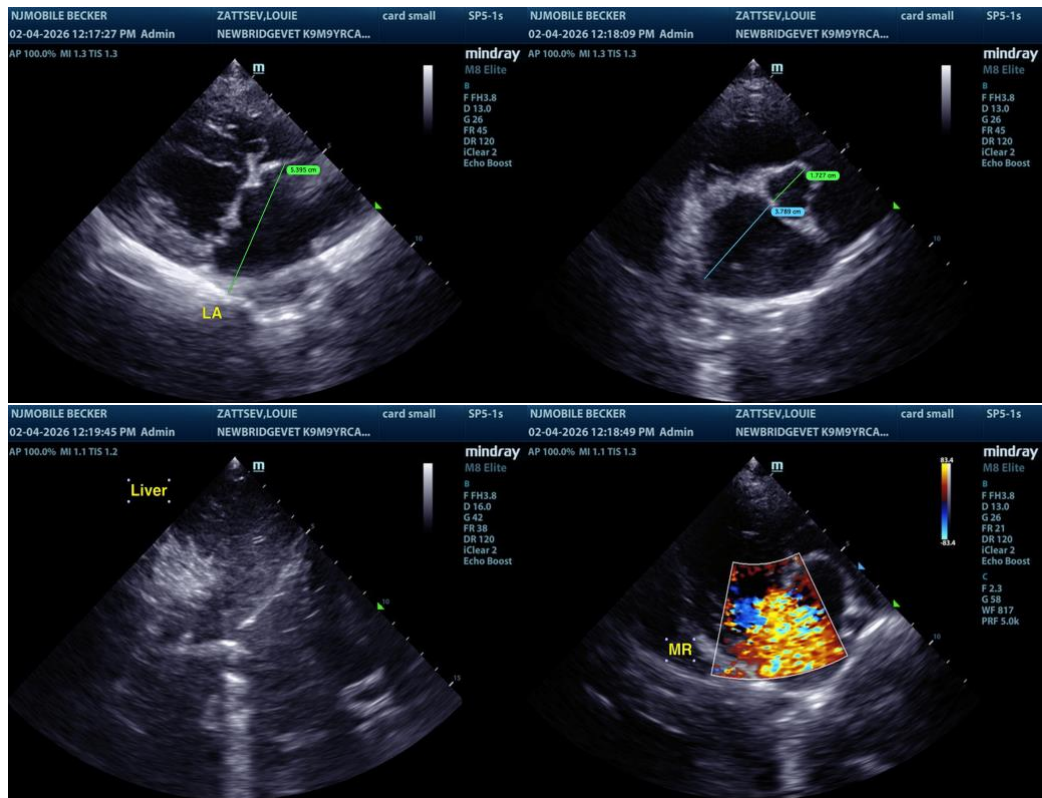
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjective mild progressive LA enlargement compared to the previous study with some measurement variability. Regardless, the degree of LA/LV enlargement is consistent with left-sided volume overload.

Pimobendan 0.3 mg/kg BID, Furosemide 1 to 2 mg/kg BID at lowest effective dose and ACE inhibitor 0.5 mg/kg SID is recommended even if patient remains non-clinical. If coughing is present, antitussive medication is indicated. Omega fatty acid supplementation and mild salt restriction may prove beneficial.

Serial monitoring of resting respiration rate going forward is advised. Prognosis is highly guarded going forward as this patient will remain at significant increased risk for CHF development of malignant arrhythmia or possible pulmonary hypertension. Elective anesthesia is not advised. Recheck echo is recommended in six months or sooner if progressive clinical signs.





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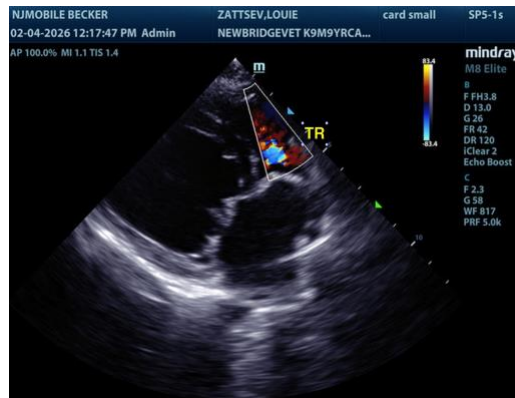
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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