



PATIENT

Peluche Bazaz

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

9 Years 7 Months

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

13579

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- Echo needs dental
- Meds- enalapril 2.5 bid, Vetmedin 2.5 bid

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	6.0	--	NM	1.64	40	75	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	124	1.1	0.6	NM	3.7	3.3	--

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased **left atrial** size based on 2 different LA measurement methods with early intra-atrial septal deviation. The cranial and caudal **mitral valve** leaflets presented thickening consistent with endocardiosis. Mild septal leaflet prolapse was present. Doppler indicated measurable significant eccentric MR. The **left ventricle** presented mild increased LV 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 mild thickening with 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with mild valve prolapse (ACVIM Stage B2).
- Mild tricuspid regurgitation- no evidence of clinical pulmonary hypertension.



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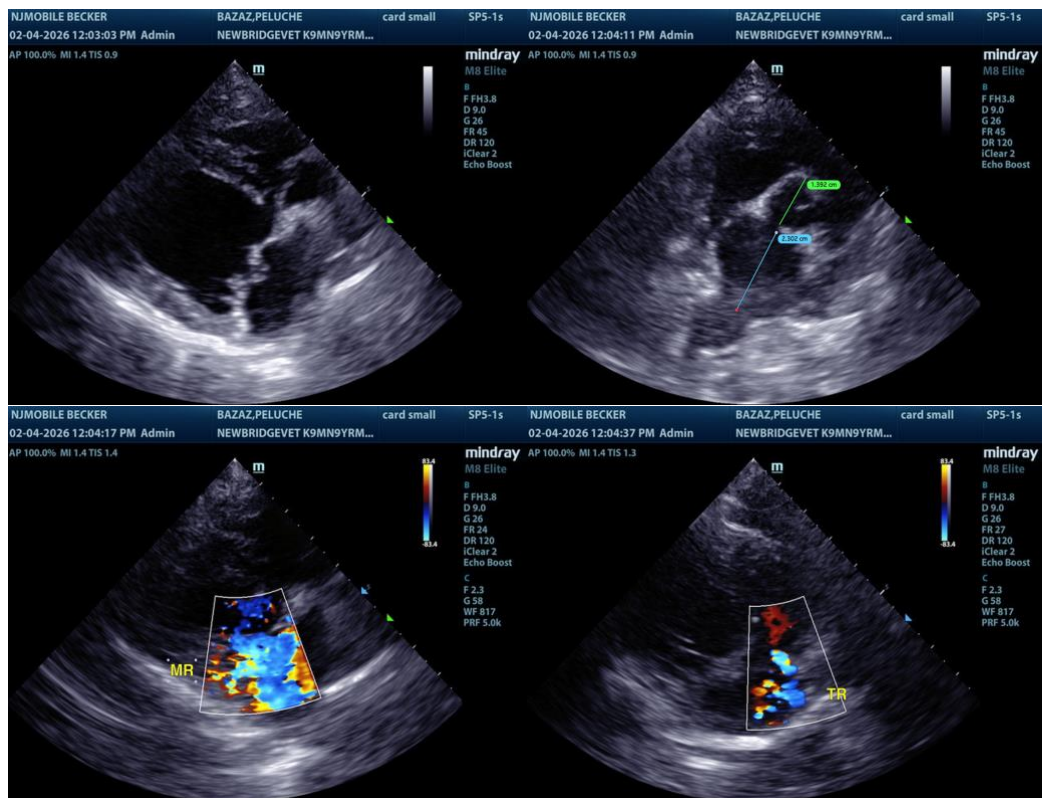
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall similar cardiac presentation compared to the previous study without evidence of significant progression. Continued Pimobendan and ACE inhibitor medication is recommended. Assuming patient remains non-clinical, no indication for additional medication. Baseline monitoring or resting respiration rate going forward is recommended.

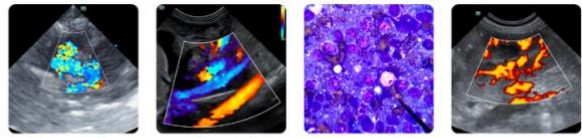
Omega fatty acids supplementation and mild salt restriction may prove beneficial. Anesthetic risk is considered mild. The following protocol is suggested with clinical monitoring and judicious IV fluid administration. Sonographic monitoring is recommended for further prognosis. Recheck echo is suggested in six months or sooner if clinical signs arise. 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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