



**PATIENT**

Penny Gow

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

11 Years 9 Months

**WEIGHT**

39.8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Harmony AH

**REFERRING VET**

Dr. Free

**INVOICE**

35701

**DATE**

2/5/26

**PRESENTING CLINICAL SIGNS**

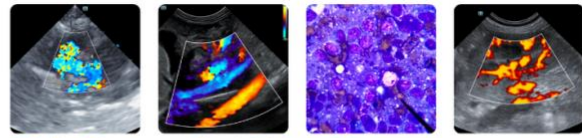
- R sided cardiomegaly
- PHT
- Coughing
- Sneezing
- Nasal discharge
- Increased bronchovesicular sounds w/intermittent expiratory wheeze.
- Current meds: Clavamox; Sildenafil (just started)
- Abnormal PE/Chem/CBC/UA Results: ALP 783

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	--	3.0 max	--	1.2	35	65	0.3
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b>	<b>LAD</b> LA MAX 4 Chamber	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	139	1.1	1.2	39.8 lbs	3.0	3.4	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. No evidence of mitral regurgitation on doppler. 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



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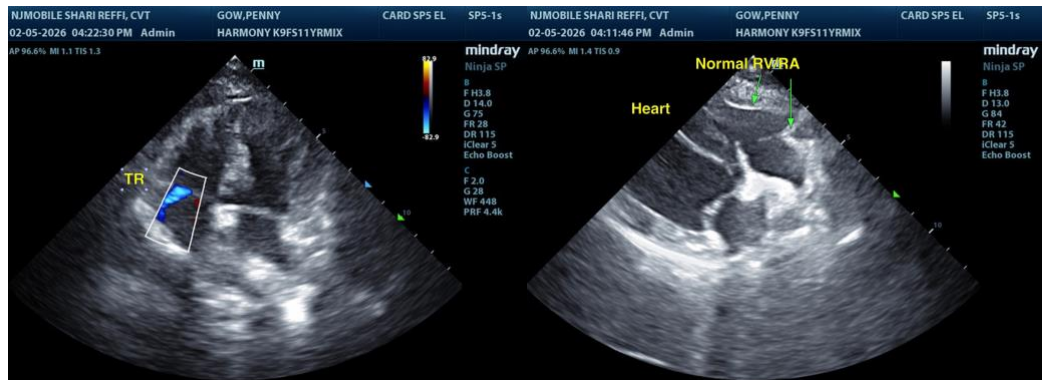
normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. Mild tricuspid regurgitation was noted on doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Normal cardiac structure/function
- Mild pulmonary hypertension

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The degree of pulmonary hypertension does not appear to be severe, in conjunction with measured TR velocity and lack of pulmonary artery or overt right atrium/right ventricle enlargement. Continued Sildenafil at the lowest effective dose, with monitoring of clinical response, and concurrent respiratory support is recommended. Aside from documented heart worm infection, underlying etiology of pulmonary hypertension may not be obvious, yet is associated with chronic lower airway disease, which may be a consideration in this case. Sonographic monitoring is recommended pending clinical monitoring. Recheck echo is suggested in 6 months, sooner if progressive signs of pulmonary hypertension.





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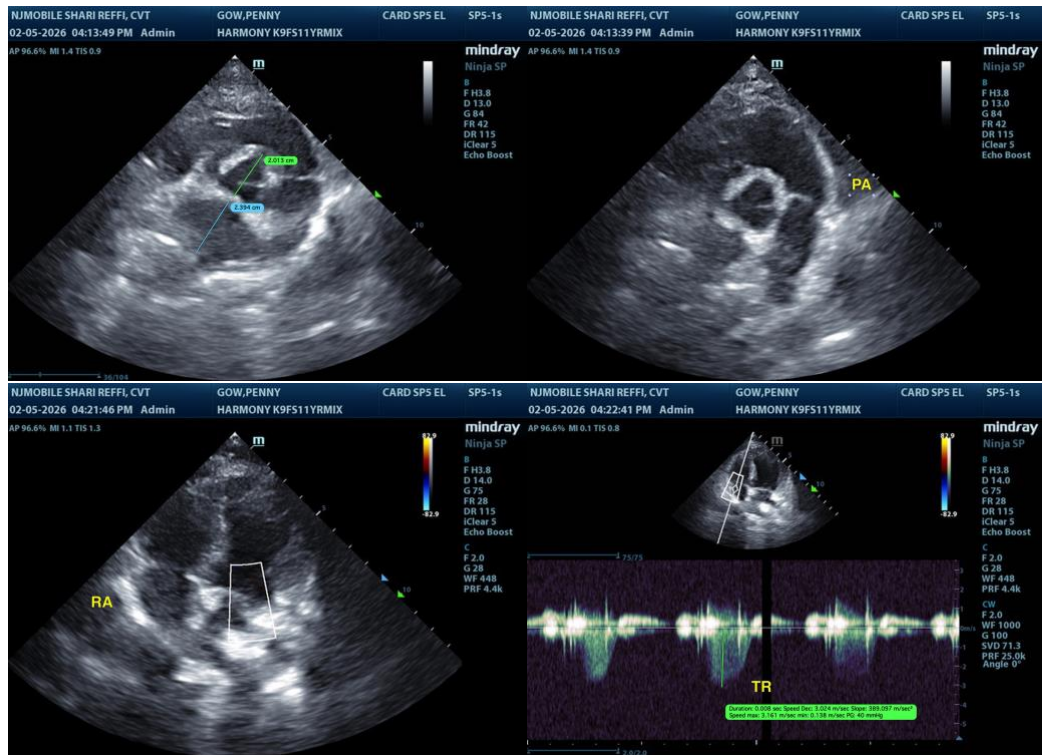
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)

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