



**PATIENT**

Pinkie Torres

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

MN

**AGE**

15

**WEIGHT**

6.4

**PRESENTING CLINICAL SIGNS**

Coughing

Abnormal PE/Chem/CBC/UA Results: Radigraph-Suspected pulmonary edema, enlarged heart  
Heart murmur grade 4/6

**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	--	--	--	2.1	48	81	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	--	1.2	6.4	2.6	2.5	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated moderate to severe increased left atrial size based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis with significant valvular prolapse. Doppler indicated significant eccentric insufficiency. The left ventricle presented thicknesses with linear contour and moderate to severe 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 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 evidence of arrhythmia.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Chronic mitral valve disease with severe valve prolapse (ACVIM B2+ /C)

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sharkaway

**HOSPITAL NAME**

Kew Gardens Animal Hospital

**REFERRING VET**

Dr Ray

**INVOICE**

24253

**DATE**

03/17/2026



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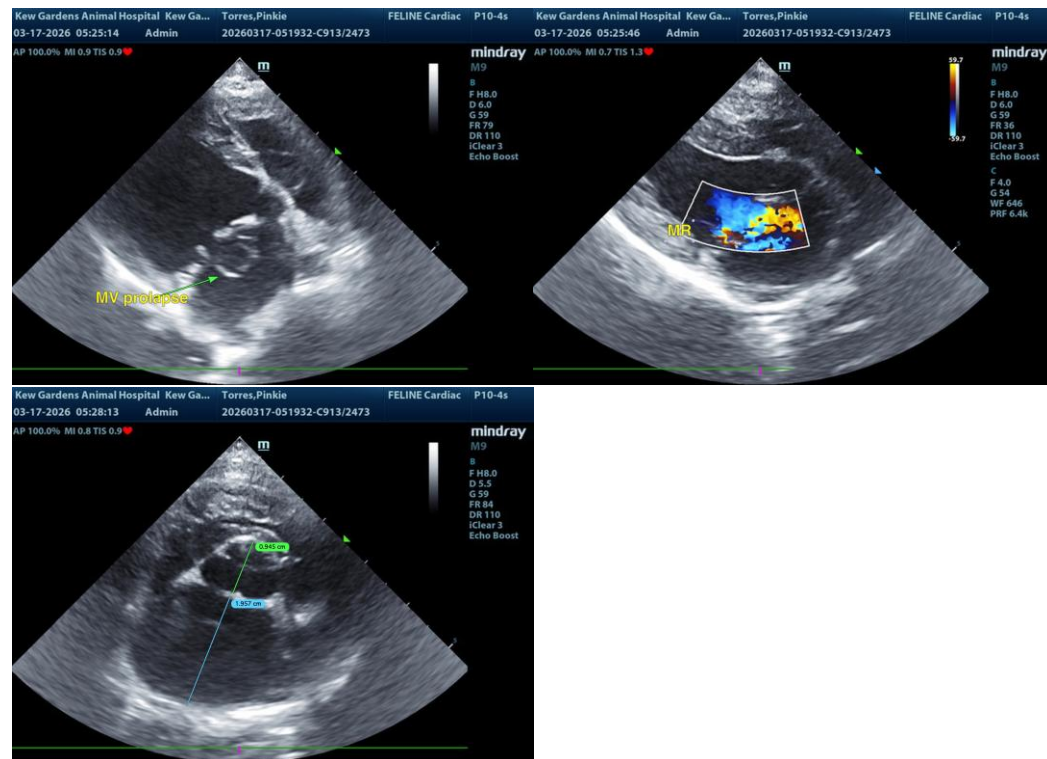
03/17/2026

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is significantly elevated with emerging congestion consistent with volume overload. Contributing factors to the cough may include main stem bronchi irritation, secondary to LA enlargement or concurrent lower airway disease.

Initiate **Furosemide** 1-2 mg/kg BID, **Pimobendan** 0.3 mg/kg BID. **ACEI** is suggested if systemic BP >130. Definitive evidence of pulmonary hypertension was not obvious yet not definitively excluded. Antitussive medication if coughing is suggested. Omega fatty acid supplementation and mild salt restriction may be beneficial.

Prognosis is considered variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 4-6 months, sooner if progressive clinical signs. Elective anesthesia is not advised.



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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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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