



PATIENT

Chele Paez

SPECIES

Canine

BREED

Maltese Mix

SEX

Male

AGE

13

WEIGHT

17.9

PRESENTING CLINICAL SIGNS

Heart murmur

Abnormal PE/Chem/CBC/UA Results: Heart murmur Bw- Mild azotemia

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	--	--	--	2.0	45	77	0.3
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	--	0.8	17.9	4.4	3.6	--

Cardiac Presentation

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr Nader

INVOICE

24255

DATE

03/18/2026

The echocardiogram in this patient demonstrated moderate to severe increased left atrial size with interatrial septal deviation based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated severe eccentric MR. The left ventricle presented thicknesses with linear contour and moderate 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 valve prolapse. Subjective TV insufficiency 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

Primary

- Chronic mitral valve disease (ACVIM B2-B2+)
- Tricuspid valve prolapse with TV insufficiency



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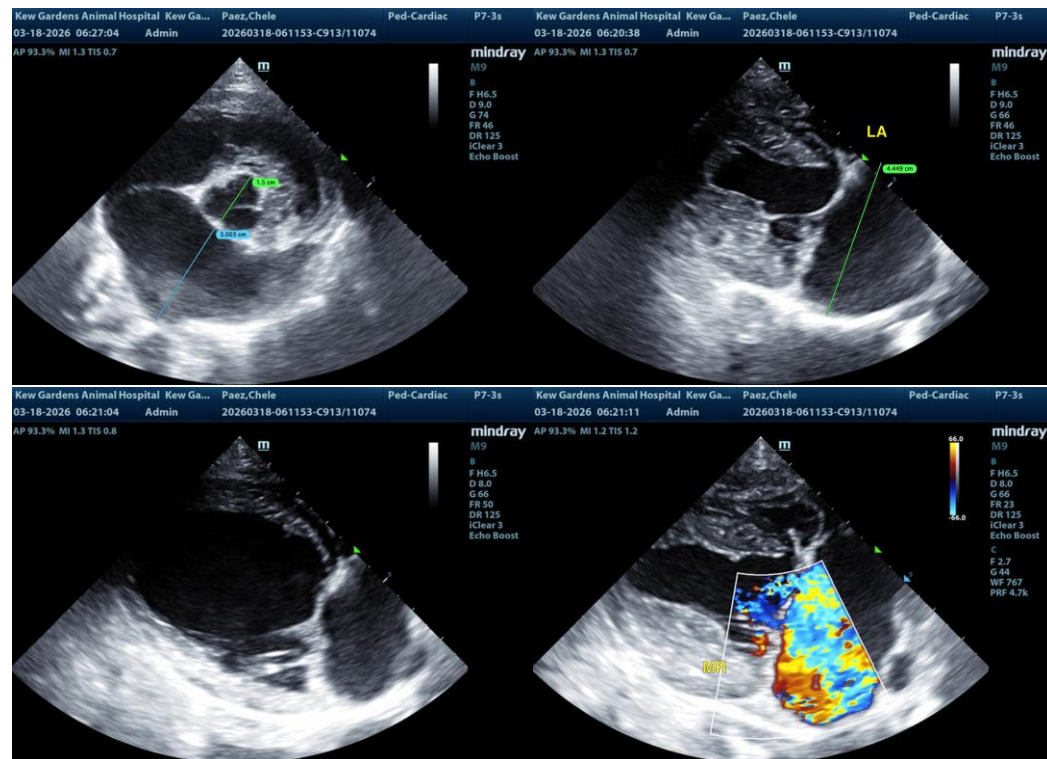
DATE
03/18/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA / LV enlargement with potential for emerging clinical left heart volume overload indicates the current and future risk of complications secondary to MR is at least moderately elevated. Pimobendan 0.3 mg/kg PO BID is recommended. Serial monitoring of resting RR going forward is advised. Mild salt restriction and omega fatty acid supplementation may prove beneficial. Given no reported clinical signs in this patient, pulmonary hypertension is considered unlikely. If elevated resting RR, weak diuretic spironolactone 1 -2 mg/kg PO BID is suggested.

Prognosis is guarded to highly variable with sonographic monitoring advised. Recheck echo suggested in 6 months, sooner if clinically indicated.

Anesthetic risk at least moderately elevated. If required, the following protocol is recommended with limited anesthetic time and judicious IV fluid use with close monitoring. 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.



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info@sonopath.com

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