

PATIENT

Gretchen Steinock

SPECIES

Canine

BREED

Cavalier King
Charles

SEX

FS

AGE

6y

WEIGHT

23.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg Veterinary
Center

REFERRING VET

Dr. Pryor

INVOICE

10698

DATE

3/18/26

PRESENTING CLINICAL SIGNS

History:

- pre-op ECG showed VPC, first degree AV block. CBC showed giant platelets indicating active thrombopoiesis, or congenital macrothrombocytopenia. BP 140-150.

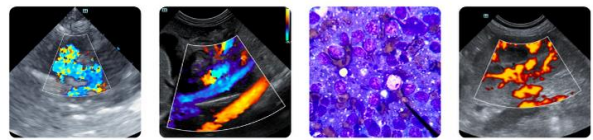
Abnormal PE/Chem/CBC/UA Results: ECG first degree AV block and thrombocytopenia

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	-	-	-	1.5	40	74	0.1
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	1.0	0.7	23.9 lbs.	2.5	2.6	-

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mildly thickening consistent with mild endocardiosis. No evidence of valvular prolapse. Doppler indicated mild eccentric insufficiency. 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 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 was noted.



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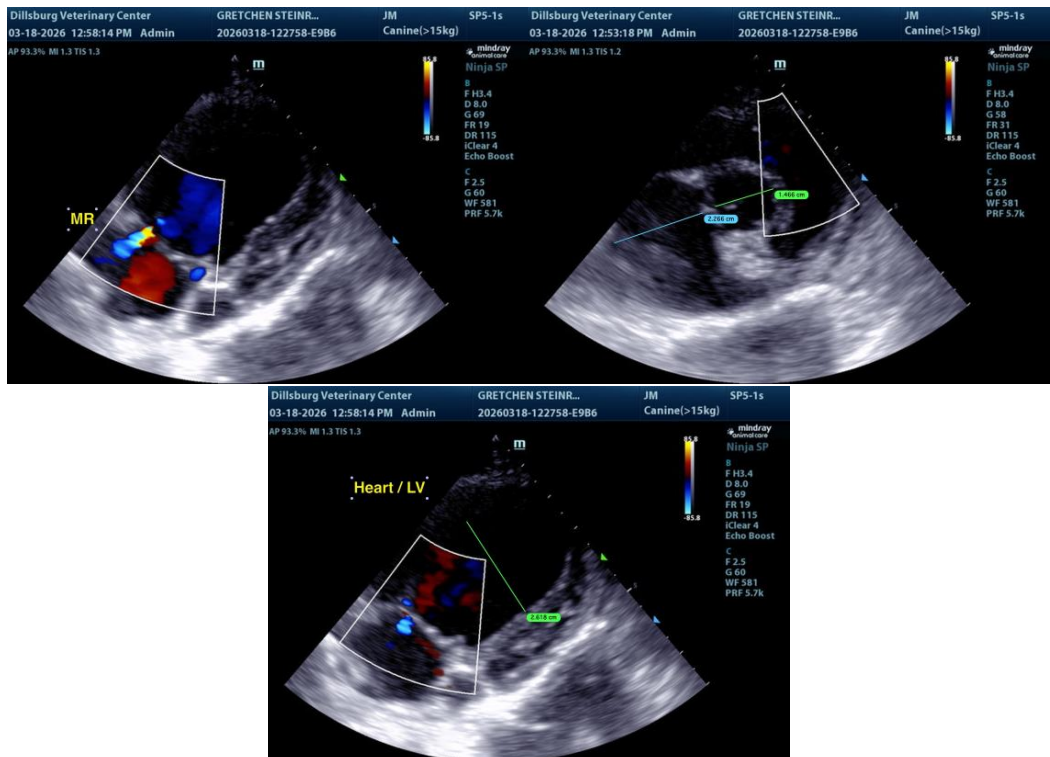
ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve insufficiency (B1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

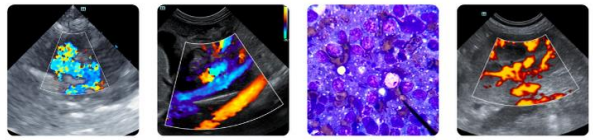
The lack of LA enlargement indicates that the current hemodynamic effect of MR is low. There is no indication for cardiac medications. No overt current arrhythmia was noted. Continued monitoring of ECG is recommended. Prognosis is variable, given breed, and sonographic monitoring is advised. Recheck echocardiogram is recommended in 6 months, sooner if clinically indicated. From a cardiac structure / function standpoint, anesthetic risk is considered low to mild.

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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