PATIENT
Buddi Liadis

SPECIES
Canine

BREED
Maltese Mix

SEX
MN

AGE
11yrs 11mos

WEIGHT
13 lbs.

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
William Penn Veterinary Hospital

REFERRING VET
Dr. Bouzaout

INVOICE
10702

DATE
3/19/26

PRESENTING CLINICAL SIGNS

History:

- BCS 5.9
- Grade III/VI heart murmur, cardiomegaly
- (Rad attached)

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	5.7	-	-	1.25	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	150	1.2	0.9	13 lbs	2.4	2.4	-

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 thickening consistent with endocardiosis. Doppler indicated measurable mild to moderate eccentric MR (MR velocity 5.7 m/s). 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

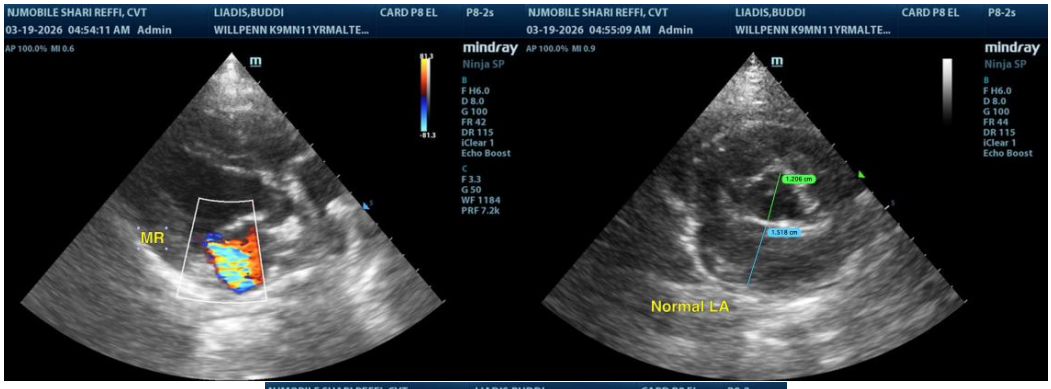
The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrial enlargement implies that the risk of complications secondary to mitral valve insufficiency is low at this time and, without current clinical signs, indicates that medical therapy is not required. There is no evidence of RA/RV enlargement or pulmonary hypertension. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6-12 months, sooner if clinical signs arise.

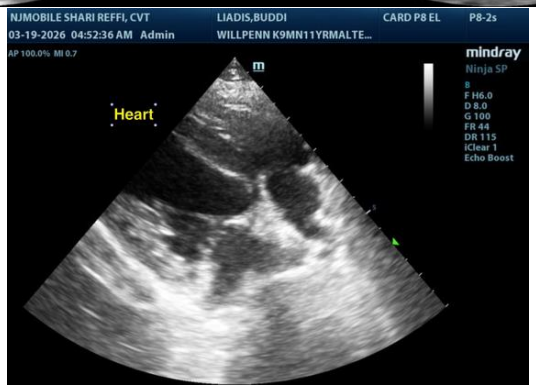
Anesthetic risk is considered mild: due to mild left atrial enlargement as noted on images presented, along with heart murmur.

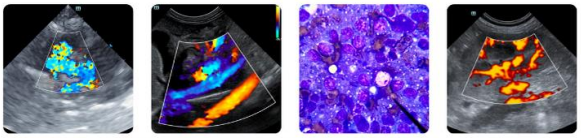
1. However, judicious fluid administration is advised with careful RR/RE monitoring to screen for fluid overload.

Monitoring of blood pressure, SpO2, CO2, and auscultation of heart and lungs during anesthesia should be done during every procedure.

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.







SonoPath www.SonoPath.com
info@sonopath.com 800.838.4268

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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)
info@sonopath.com