



PATIENT

Bunny Allaway

SPECIES

Canine

BREED

Great Pyrenees

SEX

Female (Spayed)

AGE

9 years

WEIGHT

123 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Rondout Valley
Veterinary Associates

REFERRING VET

Dr. Laux

INVOICE

10703

DATE

3/19/26

PRESENTING CLINICAL SIGNS

History:

- Cardiomegaly and cough
- Presented for 2 weeks duration of cough. Cardiomegaly on rads and has been on a grain free diet
- BP: 141, 150
- Current meds: Apoquel

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	-	-	1.2	-	40	74	0.4
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LAD LA MAX4 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	1.6	0.95	123 lbs	4.3	4.6	-

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size 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. 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. Normal measured LVOT velocity was noted. 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. 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). Normal measured RVOT velocity was noted. No



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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. No evidence of arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with adequate LV systolic function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

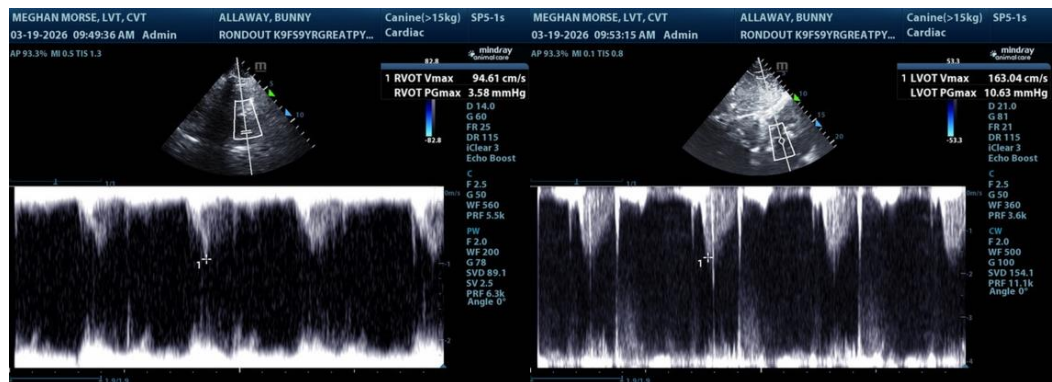
There is no evidence of structural or functional cardiomyopathy including no evidence of primary or secondary DCM criteria. The lack of LA / LV enlargement indicates that the current and future risk of left-sided heart disease is low without evidence of pulmonary hypertension, indicating that the coughing in this patient is noncardiogenic in origin. Correlation with taurine level, if not recently done, is recommended with suggested change to traditional diet. There is no indication for cardiac medications with as-needed respiratory support recommended. Recheck echocardiogram is suggested in 4-6 months, pending assessment of taurine level or if clinical signs consistent with cardiac disease arise.

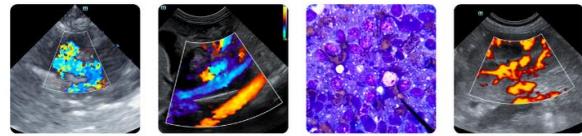
Anesthetic risk is considered mild: due to mild left atrial enlargement as noted on images presented, along with heart murmur.

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.





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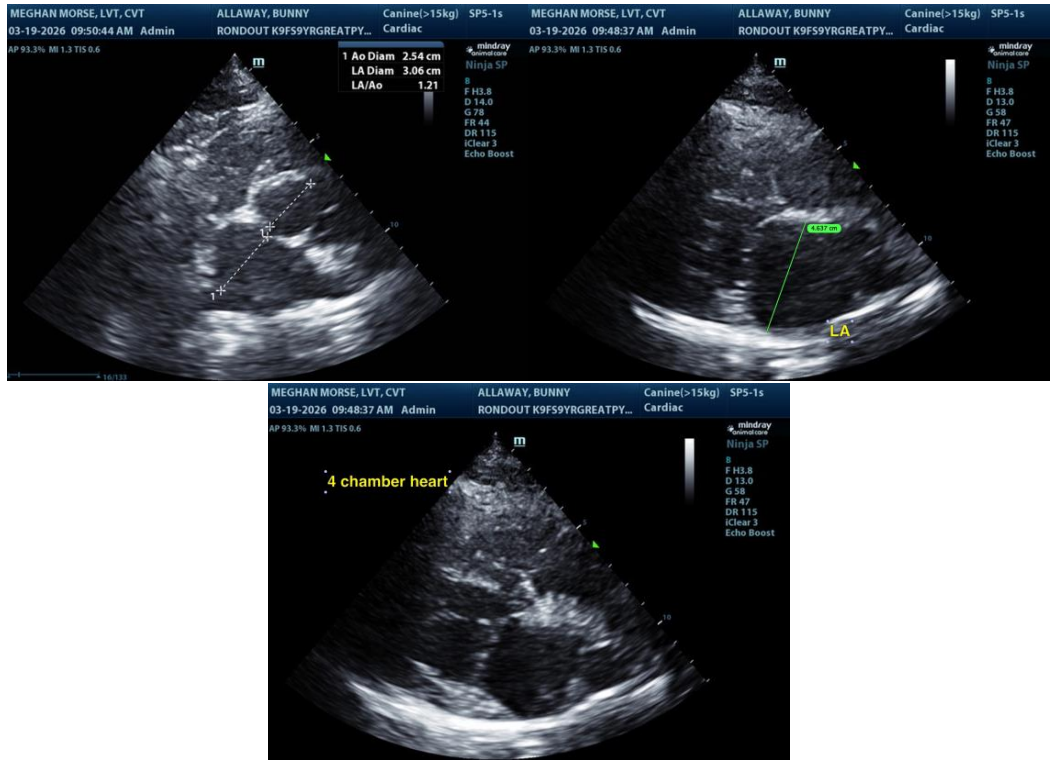
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com