



PATIENT

Lexz Gladunov

SPECIES

Canine

BREED

Maltese/Poodle

SEX

Spayed Female

AGE

14 Years 8 Months

WEIGHT

9.9 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Ramapo Valley Animal
Hospital

REFERRING VET

Dr. Katara

INVOICE

14456

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- Suspect CHF
- New murmur 4-5/6, coughing, cardiomegaly on TxRs
- Meds: Started on 3/18: Pimobendan 5 mg 1/4 BID, Furosemide 12.5 mg 1/2 BID

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	~6.0	3.4	NM	1.35	54	86	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	177	1.9	1.5	9.9	3.2	2.7	--

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. No evidence of valvular prolapse. Doppler indicated measurable moderate eccentric MR. 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 mild thickening with TV insufficiency on doppler (estimate approximately 46.0 mm of mercury pressure). 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 or hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1).



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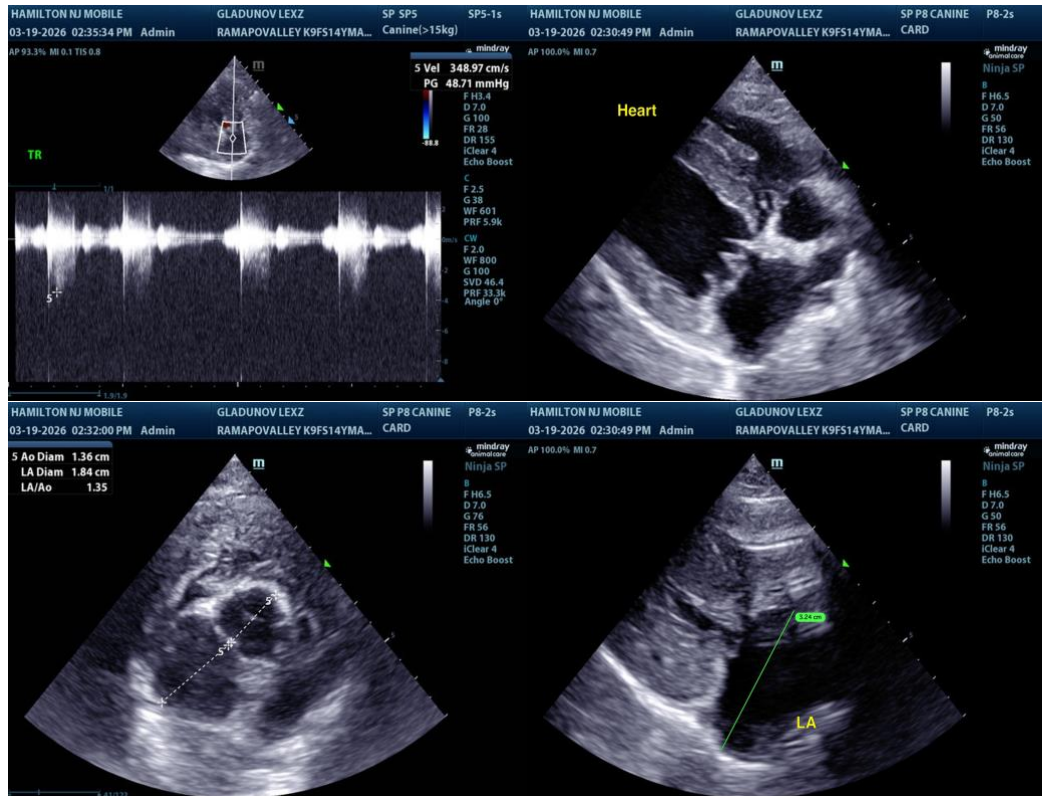
- TV insufficiency- estimated pulmonary pressure gradient based on measured TR velocities, suggestive of mild pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA/LV enlargement indicates the current and future risk of complications, secondary to MR at this stage, is low without evidence of left heart volume overload. Mild pulmonary hypertension is suspected yet without evidence of concurrent RA/RV or pulmonary artery enlargement or evidence of hepatic congestion. Overall, no evidence of left or right heart congestive failure indicating that the coughing in this patient is most likely non-cardiogenic in origin.

No indication for diuretic therapy. Respiratory support in correlation with thoracic radiographs is recommended with clinical monitoring. Recheck echo is recommended in four to six months, sooner if continued or progressive respiratory signs or suspicion of progressive pulmonary hypertension.

Current cardiac anesthetic risk is considered mild. If required, the following protocol is suggested. 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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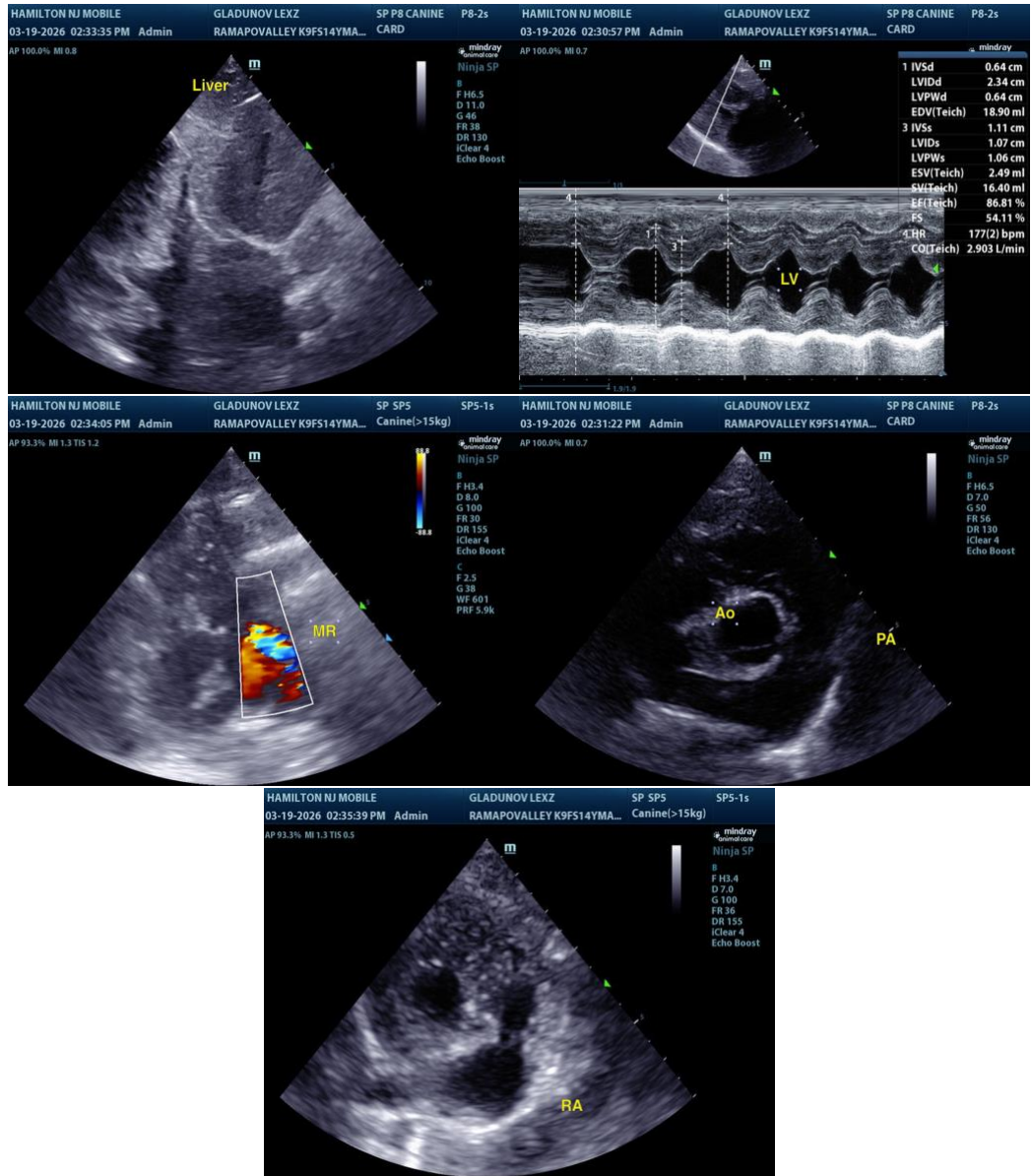
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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