



## PATIENT

Ellie Hughes

## SPECIES

Canine

## BREED

Wirehair German Pointer

## SEX

FS

## AGE

12.7yr

## WEIGHT

62lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kristen Carpenter

## HOSPITAL NAME

Pennridge Animal Hospital

## REFERRING VET

Dr. Kristen Carpenter

## INVOICE 24289

## DATE

03/24/2026

## PRESENTING CLINICAL SIGNS

- Hx: Patient was not sedated
  - Patient is here for 6 month recheck echo
  - Previously presented in CHF, echo consistent with stage C chronic valve disease - severe mitral and tricuspid ( Read by Dr. Machen Lamy 10/7/25)
  - Recheck rads post instituting recommended therapy showed resolution of CHF but kidney values elevated ( BUN 35, creat 2.2) so lasix was reduced from 20 mg PO BID to 20 mg in AM and 10 mg in PM.
  - Patient presented last week for increased coughing and mild inc RE. RR was normal at 20 breaths per minute. Recheck rads showed prominent bronchointerstitial pattern but no signs of pulmonary edema. Patient was treated with Doxycycline and RE and coughing has improved per owner.
- Current meds: Furosemide 20 mg AM and 10 mg PM, Spironolactone 25 mg PO BID, Enalapril 10 mg PO BID, Pimobendan 7.5 mg PO BID, Hydrocodone 5 mg PRN, Doxycycline 250 mg PO SID.
- Abnormal PE/Chem/CBC/UA Results: Recheck kidney values 3/18/26: Creat 1.7, BUN 32 - \*\* Blood Pressure today 110-115 mm HG systolic \*\*

## 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	5.8	2.4	--	2.2	47	78	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	1.6	0.76	62lb	5.8	4.8	--

### Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased left atrial size based on 2 different LA measurement methods. Mild deviated interatrial septum. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Doppler indicated severe eccentric insufficiency. The left ventricle presented thicknesses with linear contour and 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



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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 TR 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. No evidence of arrhythmia.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Chronic mitral valve disease with static left heart volume overload (Stage C)
- TV insufficiency - no overt clinical pulmonary hypertension

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjective similar cardiac presentation compared to the previous study although variable LA max measurement is present which could be owing to measurement variability. Similar LV dimension without evidence of progression. Given clinical improvements with respiratory therapy and without evidence of reported pulmonary edema continued current cardiac medical protocol and respiratory support would be appropriate. Baseline monitoring of resting RR and renal parameters going forward is advised.

The prognosis remains highly guarded yet variable with sonographic monitoring indicated. Recheck echo suggested in 6 months, sooner if recurrent or progressive clinical signs. Elective anesthesia is not advised.



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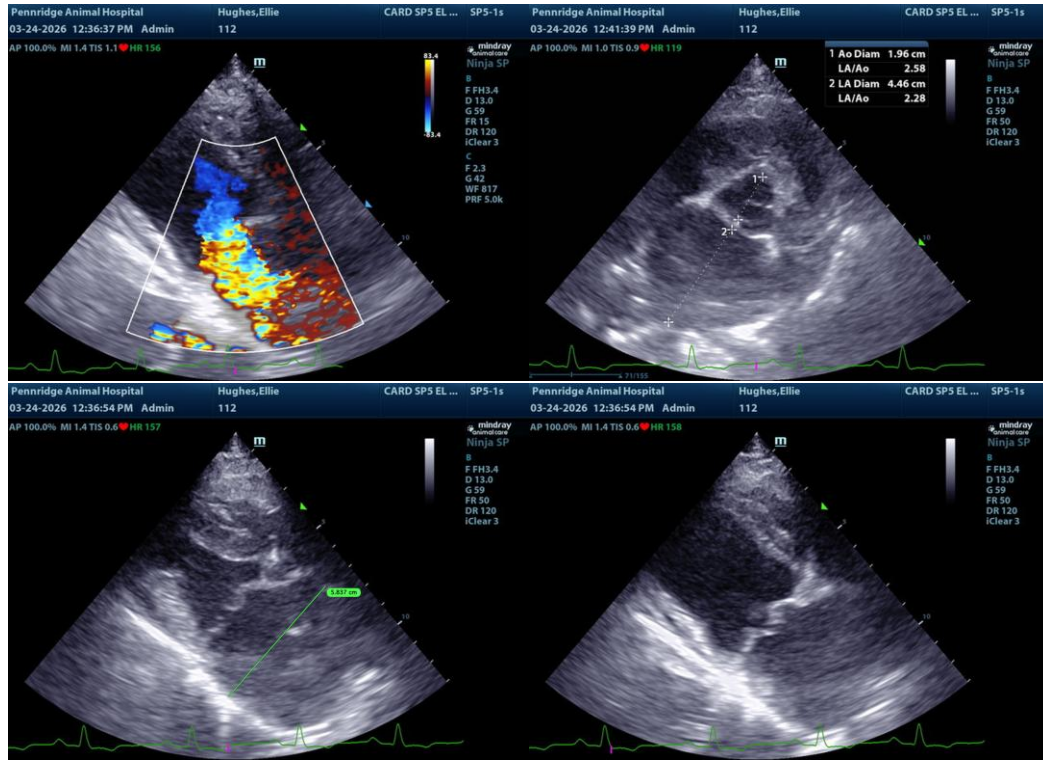
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Dr. Kristen Carpenter

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