



**PATIENT**

Vade Vasquez

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

8 Years 8 Months

**WEIGHT**

14 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

William Penn  
Veterinary Hospital

**REFERRING VET**

Dr. Bouzaout

**INVOICE**

14620

**DATE**

03/26/26

**PRESENTING CLINICAL SIGNS**

- PU/PD
- 5/6 heart murmur

Abnormal PE/Chem/CBC/UA Results: Electrolyte ambivalence

**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	5.1	--	NM	1.3	46	79	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	156	1.3	0.74	14.0	2.5	2.45	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented minor thickening consistent with endocardiosis. Doppler indicated mild insufficiency on doppler. 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. 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). Normal measured RVOT velocity. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible.

**ULTRASONOGRAPHIC FINDINGS**

- Normal cardiac structure/function.



**PATIENT**

- Mild mitral valve insufficiency (B1).

Vade Vasquez

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The cause of the murmur is most consistent with mitral valve insufficiency. No evidence of additional valvular insufficiency, stenotic disease or pulmonary hypertension. Regardless of classification, the lack of LA enlargement indicates the current and future risk of complication is low. No indication for cardiac medication at this stage. Sonographic monitoring is recommended for further prognosis.

Canine

**BREED**

Recheck echo is suggested in 6 to 12 months, sooner if clinically indicated. Anesthetic risk is considered low. 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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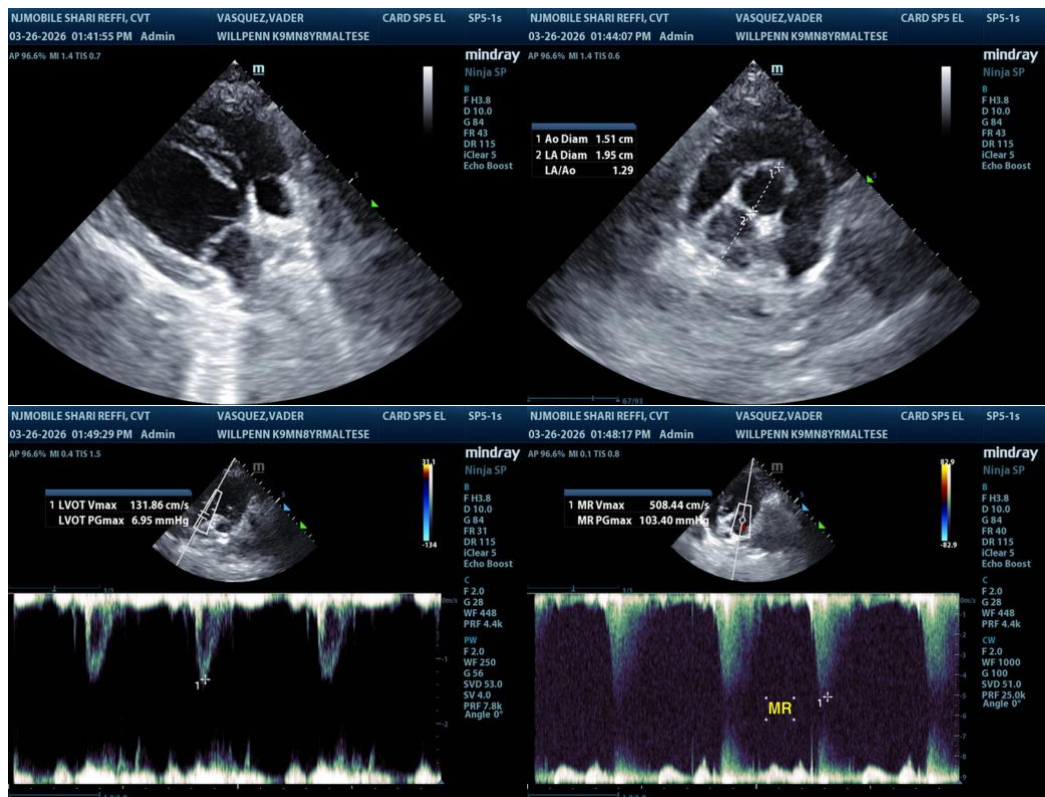
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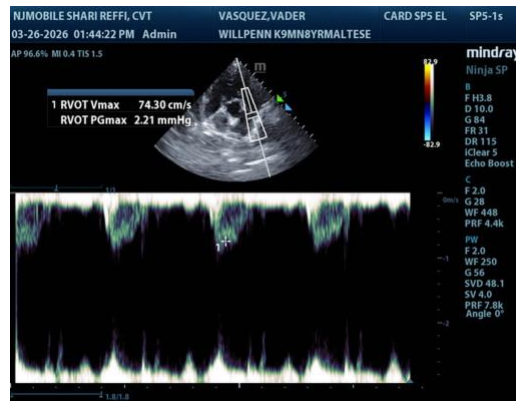
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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