



PATIENT

Lan Mui Ng Cho Wing
Ng

SPECIES

Canine

BREED

Japanese Spitz

SEX

FS

AGE

14

WEIGHT

10.6

PRESENTING CLINICAL SIGNS

Chronic mitral valve disease with valve prolapse (ACVIM B2)

Abnormal PE/Chem/CBC/UA Results: Collapsed trachea

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	5.6	--	--	2.4	45	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	1.4	1.3	10.6	3.5	2.8	--

Cardiac Presentation

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr SHarkawy

INVOICE
24321

DATE
03/27/2026

The echocardiogram in this patient demonstrated severe increased left atrial size with interatrial septal deviation based on 3 different LA measurement methods. The cranial and caudal mitral valve leaflets presented significant thickening consistent with endocardiosis with valvular prolapse. Doppler indicated measurable severe eccentric insufficiency. The left ventricle presented significantly 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 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

Primary

- Chronic mitral valve disease with valvular prolapse and evidence of left heart volume overload (ACVIM Stage C)



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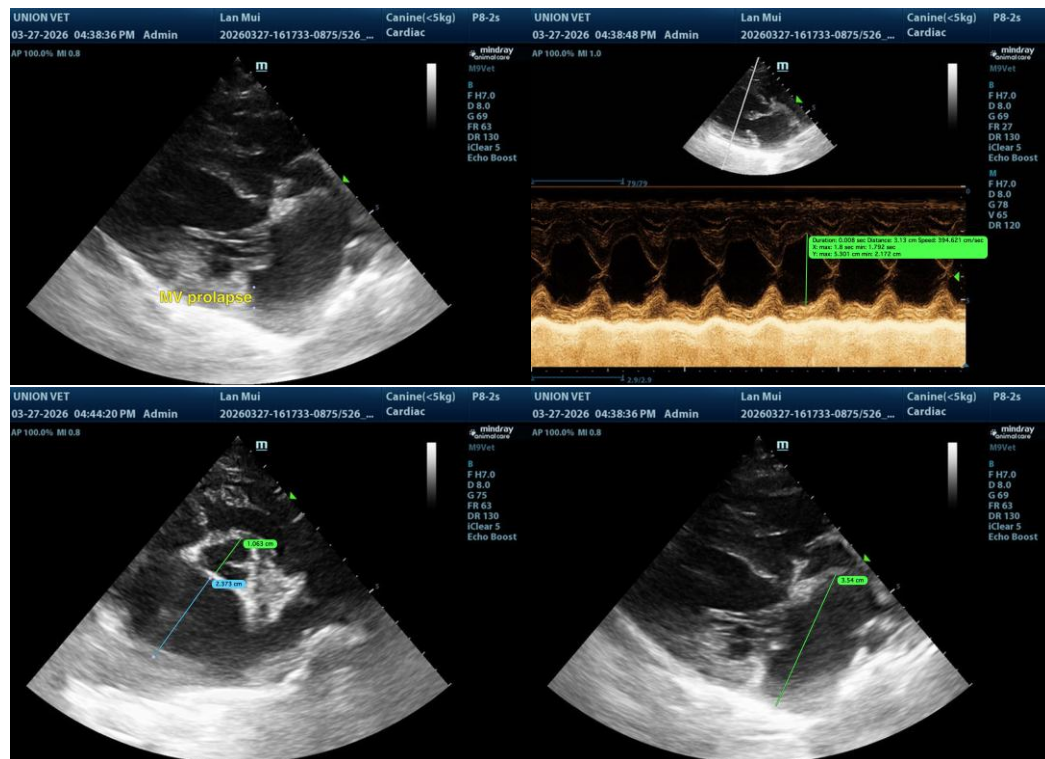
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA / LV enlargement is consistent with emerging left heart volume overload and indicates the current and future risk of complication is significantly elevated. If not currently instituted, Pimobendan 0.3 mg/kg BID, lowest effective dose diuretic Lasix 1-2 mg/kg BID, +/- ACE inhibitor 0.5 mg/kg SID is recommended. Concurrent respiratory support with monitoring of resting RR going forward is recommended. Omega fatty acid supplementation and mild salt restriction may prove beneficial.

The prognosis is highly guarded with sonographic monitoring advised. Recheck echo recommended in 6 months, sooner if clinically indicated. Elective anesthesia is not advised. If required, the following protocol is recommended with judicious IV fluid use, clinical monitoring and limited anesthetic time. 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.



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



PATIENT

can be of any further assistance, please contact me.

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