

PATIENT

Bella Boo Daffner

SPECIES

K9

BREED

Yorkie

SEX

FS

AGE

9Y

WEIGHT

4.8lbs

PRESENTING CLINICAL SIGNS

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	NM		NM	1.1	45	78	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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		1.0	0.8		1.8	1.8	

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg Veterinary
Center

REFERRING VET

Dr. Amber

INVOICE

74411

DATE

3-31-26

Cardiac Presentation

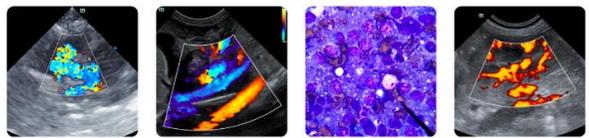
The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis, minor valvular prolapse. Doppler indicated mild to moderate eccentric MR. 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 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. No evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall normal cardiac structure/function without evidence of left or right heart chamber enlargement, LV systolic dysfunction, or evidence of arrhythmia. The lack of LA enlargement indicates the current and future risk and complication secondary to MR at this stage is low. No indication for



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cardiac medication. Monitoring of ECG with consideration for cardiologist ECG consult is suggested.

Anesthetic risk considered low to 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.

Recheck echo suggested in 6-12 months, sooner if clinically indicated.



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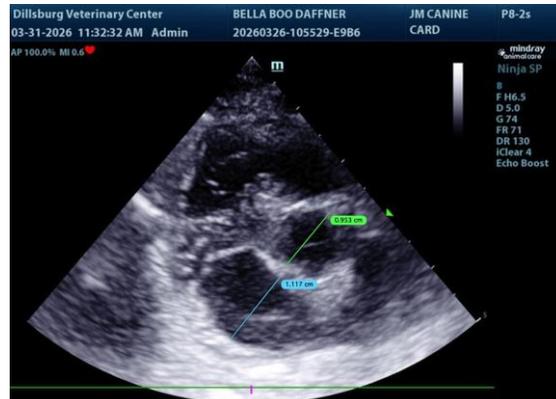
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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