

**PATIENT**

Sacha Rivera

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

FS

**AGE**

14Y, 1M

**WEIGHT**

23.5lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**PRESENTING CLINICAL SIGNS**

- Heart murmur and cough daily
- 4/6 heart murmur
- dental disease
- Hx coughing and allergies
- vetoryl, ursodiol, hepatoclear
- Did trial low dose lassie and trial pheno - no improvement per o'.
- Prior echo done in July 2025 at another clinic

Abnormal PE/Chem/CBC/UA Results: n/a

**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		NM	1.1	45	78	0.1
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		1.5	0.9		4.1	3.7	

**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 insufficiency. 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 measured LVOT velocity with aortic valve insufficiency on Doppler. 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.

**HOSPITAL NAME**

Budd Lake Animal Hospital

**REFERRING VET**

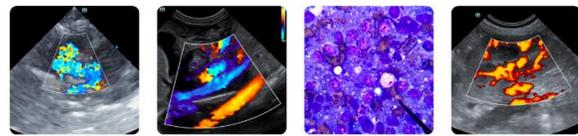
Dr. Welch

**INVOICE**

74414

**DATE**

3-31-26



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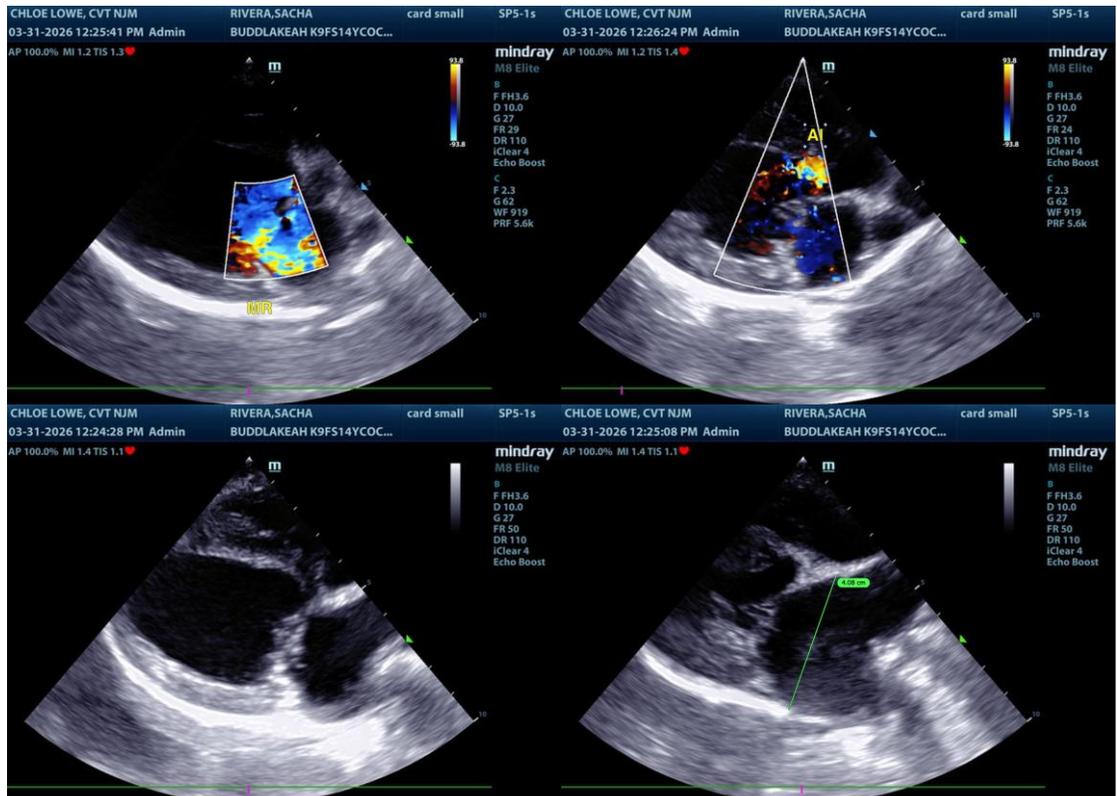
**ULTRASONOGRAPHIC FINDINGS**

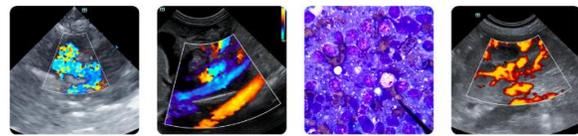
- Chronic mitral valve disease (B1)
- Aortic valve insufficiency.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lack of LA enlargement continues to indicate that the current and future risk of complications secondary to MR remains low. No evidence of additional clinical issues such as pulmonary hypertension. Without evidence of congestive criteria or pulmonary hypertension the coughing in this patient appears non-cardiogenic in origin. No overt indication for cardiac medication. Correlation with three-view chest radiographs and respiratory therapy is recommended. Assessment of systemic BP for evidence of hypertension given aortic valve insufficiency is recommended. Cardiac prognosis remains variable and sonographic monitoring advised. Recheck echo suggested in 6 months, sooner if clinically indicated.

Anesthetic risk considered mild. 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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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](mailto:info@sonopath.com)