



PATIENT

Mocho Sylwia
Czyzewske Loyaga

SPECIES

Canine

BREED

Yorkie/Maltese

SEX

Female

AGE

15

WEIGHT

7.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Ray

INVOICE

13249

DATE

3/4/26

PRESENTING CLINICAL SIGNS

History:

- Mammary gland tumor
- Tachypnea
- Coughing

Abnormal PE/Chem/CBC/UA Results: Bw-WNL Heart murmur grade 4/6 The pet on Vetmedin and Furosemide Mammary gland tumors

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	--	--	--	1.6	48	81	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	NM	1.0	0.8	--	2.9	2.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** with mild inter-atrial septal deviation size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis exhibiting mild septal leaflet prolapse. Doppler indicated measurable significant eccentric MR. The **left ventricle** presented thicknesses with linear contour and moderate 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 mildly thickened linear morphology. No vert significant TR noted 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



PATIENT

Mocho Sylwia
Czyzewske Loyaga

SPECIES

Canine

BREED

Yorkie/Maltese

SEX

Female

AGE

15

WEIGHT

7.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Ray

INVOICE

13249

DATE

3/4/26

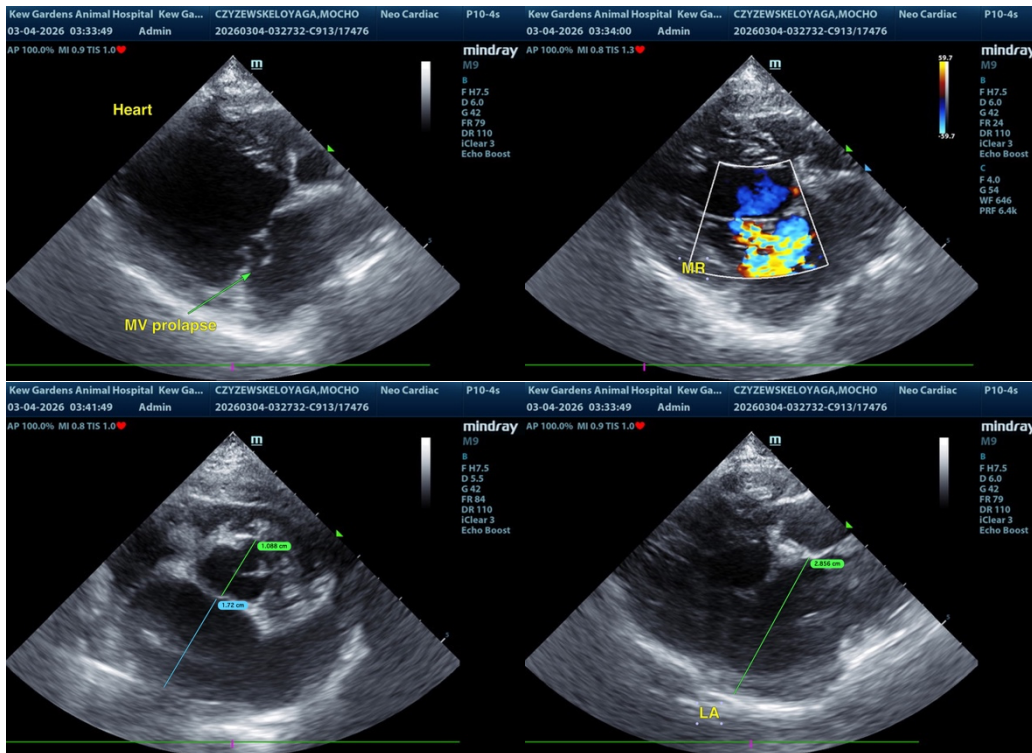
pa/ao ratio). No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No overt arrythmia and no evidence of hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with valve prolapse (ACVIM B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA/LV enlargement indicates the current and future risk of complication secondary to MR and left heart volume overload is at least moderately elevated. Potential for clinical signs associated with emerging left-sided congestion not definitively excluded. Continued Vetmedin and Furosemide lowest effective dose with monitoring of renal parameters is warranted. ACE inhibitor medication indicated if systemic BP >130. Concurrent airway disease may be possible. Antitussive medication and Hydrocodone as well as respiratory support is recommended. No obvious evidence of clinical pulmonary hypertension. Prognosis is highly variable and sonographic monitoring is advised. Recheck echo recommended in 6 months, sooner if progressive clinical sigs. Anesthetic risk is at least moderate. If required, the following protocol is recommended with limited anesthetic time and judicious IV fluid use with close clinical monitoring. 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.





PATIENT

Mocho Sylwia
Czyzewske Loyaga

SPECIES

Canine

BREED

Yorkie/Maltese

SEX

Female

AGE

15

WEIGHT

7.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

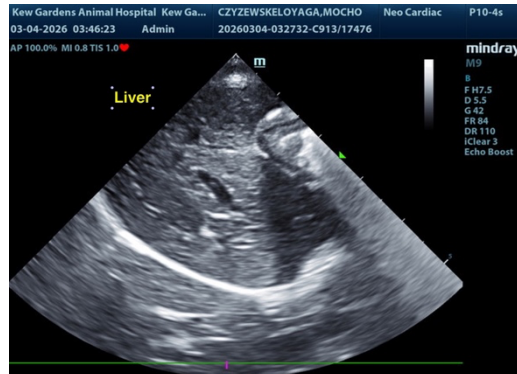
Dr. Ray

INVOICE

13249

DATE

3/4/26



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