



**PATIENT**

OBI Ridley

**SPECIES**

Canine

**PRESENTING CLINICAL SIGNS**

- Main/ Monitoring of murmur and prev. identified Tricuspid leak
- L sided murmur- low grade 2 @ most
- Meds: Terbutaline 2.5 mg 1/2 tab PO BID (from RDVM)
- Abnormal PE/Chem/CBC/UA Results: WNL 1/5/2026

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Pomeranian

**SEX**

F

**AGE**

8yr

**WEIGHT**

5lb

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	--	2.2	--	1.25	41	75	0.1
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	130	1.2	0.6	5lb	1.7	2.0	--

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Animal Hospital of Sussex

**REFERRING VET**

Dr Catania

**INVOICE 24124**

**DATE 03/05/2026**

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal left atrial size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented mild thickening consistent with mild degenerative change/endocardiosis. 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 mild thickening with mild TR 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 pa/ao ratio). No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**



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- Normal RA / RV
- Minor TV insufficiency - no evidence of pulmonary hypertension
- Persistent compensated mitral valve disease

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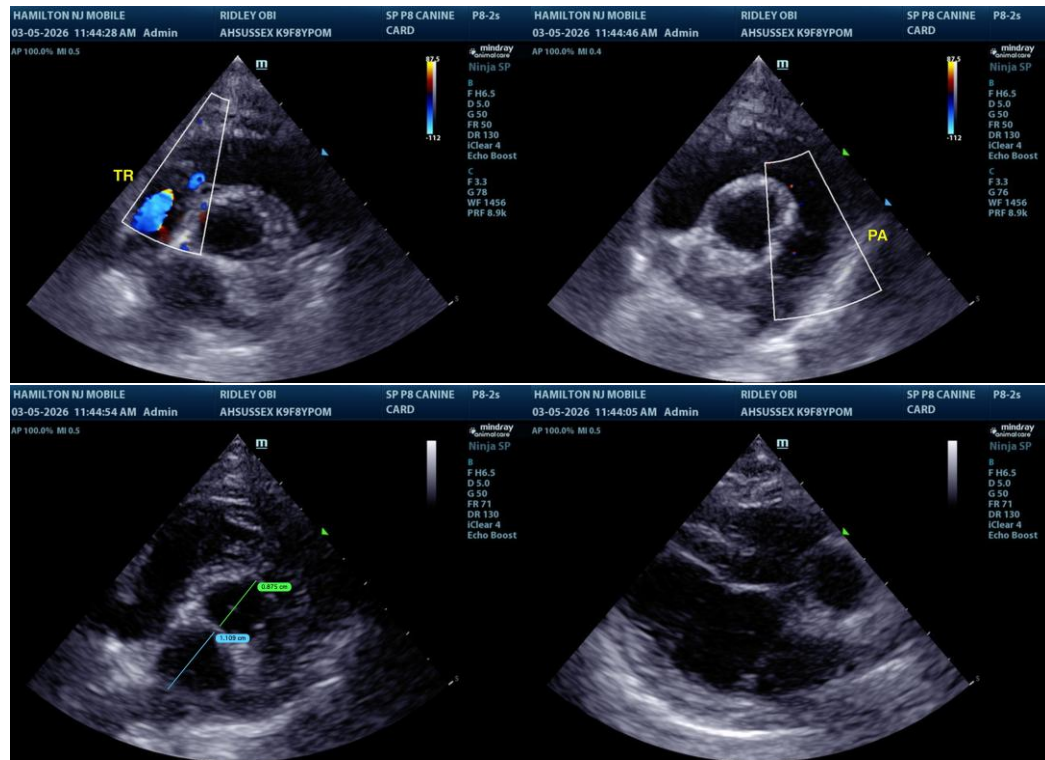
**WEIGHT**

5lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of progressive cardiomyopathy compared to the previous study. Given this presentation, no indication for cardiac medications. Continued as needed supportive care for respiratory disease if clinically applicable is recommended. Anesthetic risk is considered mild. If required, the following protocol is suggested. Recheck echo recommended in 6 to 12 months, sooner if clinical signs arise.

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)



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