

PATIENT PRESENTING CLINICAL SIGNS

Cody Foran Acute onset of cough, dry hacking, muffled L sided cardiac sounds, VHS 12.5 (cardiomegaly). No pleural edema or pulmonary effusion noted on thoracic radiographs.

SPECIES Current Meds: Cough tabs (not helping)

Canine Abnormal PE/Chem/CBC/UA Results: History of elevated LE's

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Miniature Schnauzer

SEX

MN

AGE

14yr

WEIGHT

10.4lb

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	--	2.4	--	1.38	36	68	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	94	1.2	0.73	10.4lb	2.4	2.2	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Heart and Paw Lk Hopatcong

REFERRING VET

Dr. Isabela Marmolejo

INVOICE
22495

DATE
04/13/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented mild thickening consistent with mild valvular degenerative changes. No overt MR on Doppler. 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. Brief hepatic assessment revealed no evidence of hepatic congestion or cranial abdomen ascites.



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ULTRASONOGRAPHIC FINDINGS

Primary

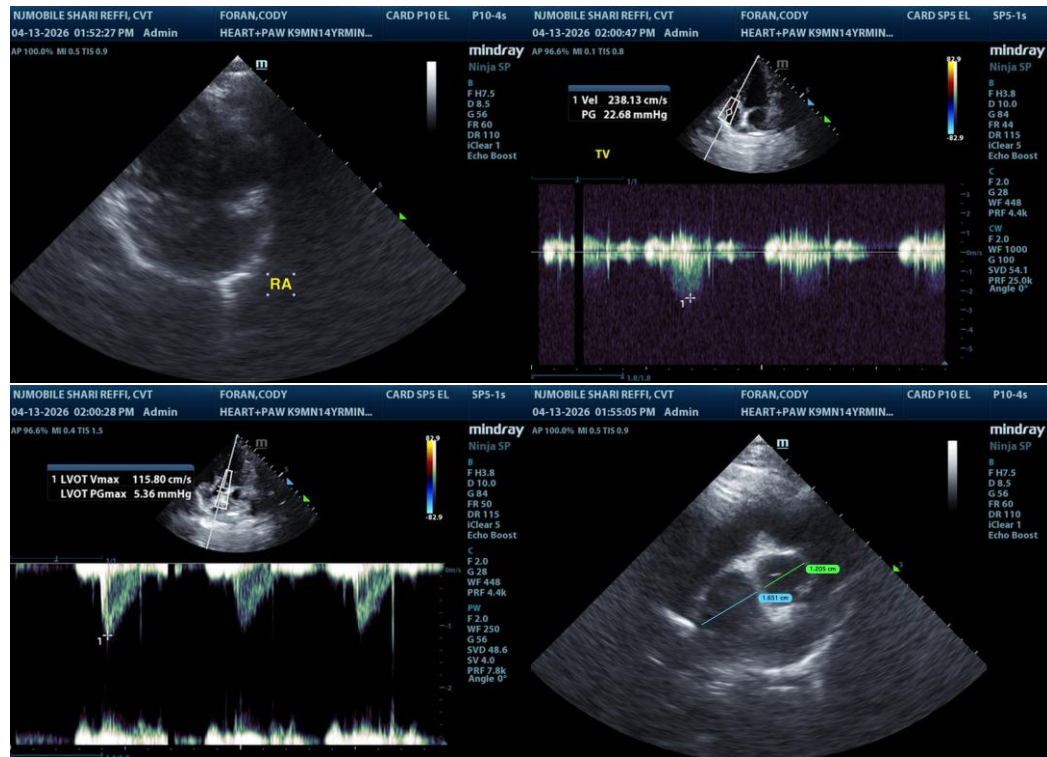
- Normal cardiac structure / function
- Mild tricuspid valve regurgitation - no evidence of clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of cardiac issues such as left or right heart chamber enlargement, LV systolic dysfunction, significant valvular insufficiencies or pulmonary hypertension indicative of non-cardiogenic respiratory signs. No indication for cardiac medication.

Respiratory support with consideration for empirical therapy for non-specific inflammatory or infectious disease with clinical monitoring is recommended.

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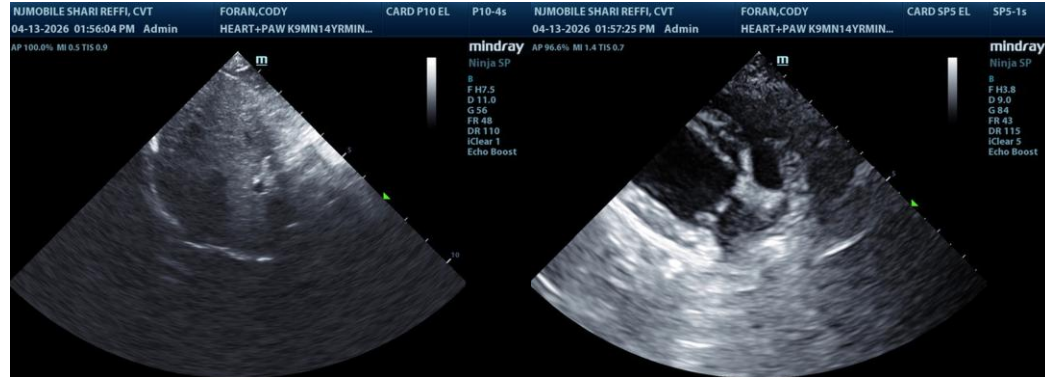
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com