



PATIENT

Joaquin Pineda

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

8

WEIGHT

37

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

15038

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Weight loss, pale, increase coughing, increased HR (200) vomited water, decreased appetite on/off tachycardia

Abnormal PE/Chem/CBC/UA Results: Retics 125.6 WBC 19.27 Neuts 15.39 Mono 1.8

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	~4.5	--	NM	2.6	18	35	1.8
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	NM	1.3	0.7	37	5.9	5.9	--

Cardiac Presentation

Severe left ventricular dilation and sphericity with diminished systolic function. Increased EPSS. Diminished LV wall thickness with severe LA enlargement. The mitral valve appears mildly thickened without evidence of prolapse. Significant primarily centralized to mild eccentric mitral regurgitation with decreased MR velocity. Tricuspid valve was mildly thickened with mild TR on Doppler. Normal RA/RV dimension. Aortic valve was overtly normal with normal measured LV outflow velocity. No evidence of aortic valve insufficiency. Normal pulmonic valve and with mildly decreased measured RV outflow velocity. No overt pulmonic valve insufficiency. No pericardial or pleural effusion was noted. No obvious cardiac tumors with subjective tachycardia.

ULTRASONOGRAPHIC FINDINGS

- Severe LA/LV enlargement with left heart volume overload and diminished LV contractility.
- Primarily centralized to eccentric MR.
- Mild TR- no overt clinical pulmonary hypertension.
- Tachycardia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has significant cardiomyopathy and decreased systolic function with secondary left heart volume overload. This may be primary in nature, i.e. dilated cardiomyopathy or potential end-stage



PATIENT

Joaquin Pineda

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

8

WEIGHT

37

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

15038

DATE

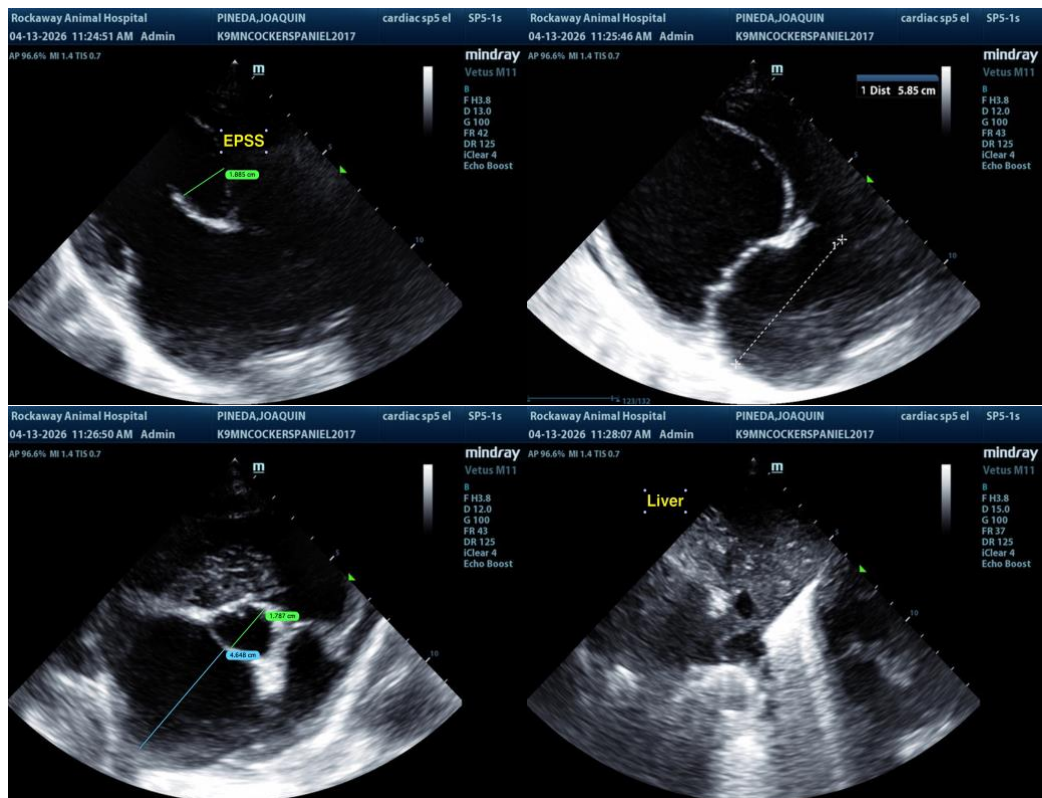
04/13/26

mitral valve disease versus secondary to taurine deficiency, hypothyroidism, myocarditis, tachycardia, decreased cardiomyopathy or possible infiltrative disease such as lymphoma. Regardless of classification, this patient will remain at increased risk for progressive CHF, malignant arrhythmia, pulmonary hypertension and/or sudden death.

Correlation with diet history, taurine level, thyroid status and troponin level if clinically indicated is recommended. Hospitalization with stabilization including IV diuretic therapy and respiratory support until patient is stabilized if possible is recommended.

If stabilized, Pimobendan 0.3 mg/kg PO BID, LASIX/spironolactone both at 1.0 to 2.0 mg/kg PO BID is recommended. Salt restriction and omega fatty acids supplementation may prove beneficial.

Monitoring of renal parameters, ECG with rate control therapy if evidence of tachycardia i.e. atrial fibrillation and monitoring of systemic BP is indicated. If BP is greater than 130, ACE inhibitor 0.5 mg/kg PO BID is recommended. Elective anesthesia is not advised. Recheck echo is suggested in 3 to 4 weeks, sooner if clinically indicated.





PATIENT

Joaquin Pineda

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

8

WEIGHT

37

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

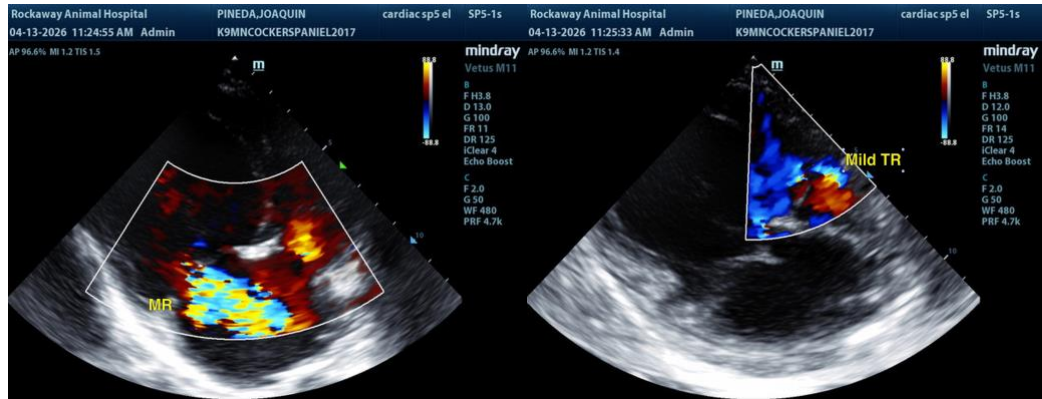
Dr. Maniar

INVOICE

15038

DATE

04/13/26



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