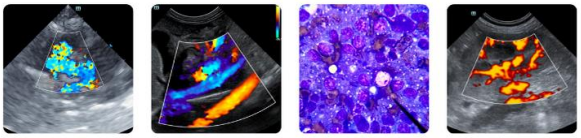

PATIENT
Jovie Denucci

SPECIES
Canine

BREED
Maltese/ Poodle Mix

SEX
FS

AGE
12 years 2 months

WEIGHT
22 lbs.

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

IMAGING PERFORMED BY
Chloe Lowe, CVT

HOSPITAL NAME
Magnolia VP

REFERRING VET
Dr. Goldstein

INVOICE
10818

DATE
4/16/26

PRESENTING CLINICAL SIGNS

Fainting episodes. Grade 3/6 left systolic murmur. Thyroxin 0.15mg BID.

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	<2.0	-	1.45	37	69	0.2
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	143	1.0	0.7	22 lbs.	2.9	2.7	-

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. Doppler indicated measurable moderate eccentric insufficiency (MR velocity 5.8 m/s). 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 (measured TR velocity <2.0 m/s). 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 cardiac / pericardial tumors was visible. No evidence of arrhythmia or hepatic congestion was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1)
- Tricuspid valve insufficiency – no overt clinical pulmonary hypertension

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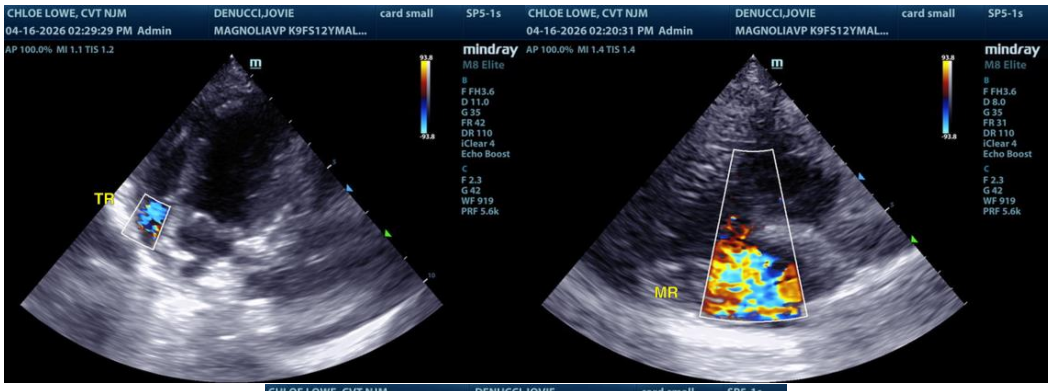
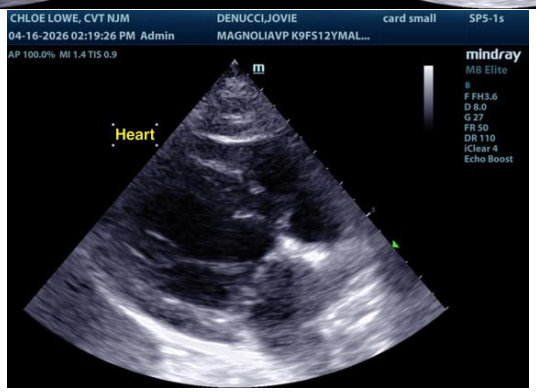
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is low at this time and, without current clinical signs, indicates that medical therapy is not required. A definitive cause of the fainting episodes was not obvious. Assessment of systemic BP and ECG vs. Holter monitor to rule out hypertension or non-obvious / paroxysmal arrhythmia as a contributing factor. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6-12 months, sooner if clinical signs arise.

Anesthetic risk from a structural / functional cardiac standpoint is considered mild. If required, the following protocol is suggested.

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.





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.

New Jersey Mobile
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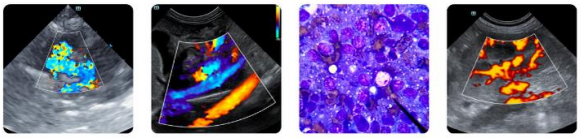

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@sonopath.com