



PATIENT

Teddy Braun

SPECIES

Canine

BREED

Shih Tzu X

SEX

Male Neutered

AGE

11y

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

13415

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Possible episodes of syncope/collapse. Prev echo 6/20/25. Hx of liver lobectomy due to carcinoma. Systolic BP 140.

Current Medications: Began 2.5mg Vetmedin BID today and placed order by Sonopath for Holter monitor.

Abnormal PE/Chem/CBC/UA Results: N/A

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	6.0	4.3	--	1.74	45	78	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	1.2	0.8	--	3.5	2.8	--

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased **left atrial** size based on 2 different LA measurement methods with emerging intra atrial septal deviation. The cranial and caudal **mitral valve** leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable severe eccentric MR insufficiency. Borderline increased measured MR velocity 6.0 m/s. The **left ventricle** presented mild 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 increased size, normal structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated thickening with TV insufficiency noted on doppler. Measured TR velocity 4.3 m/s (estimated pressure ~70 mmHg). The **right ventricle** exhibited borderline increased dimension. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and borderline increased diameter compared to the aorta with subjective static pulmonary artery diameter through systole and diastole. Pulmonic valve insufficiency noted on



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doppler. No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No overt arrhythmia and no evidence of hepatic congestion present.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B2)
- Moderate to severe pulmonary hypertension
- Pulmonic valve insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA enlargement indicates the current and future risk of complication secondary to MR is at least mildly elevated yet overall, the left heart appears compensated. The primary cause of the patient's clinical signs is moderate to severe pulmonary hypertension. Aside from cases of documented heartworm disease, underlying etiology for pulmonary hypertension may be unclear. Current Pimobendan 0.3 mg/kg BID is recommended with concurrent Sildenafil trial 1-2 mg/kg PO BID with clinical monitoring Correlation with pending Holter monitor assessment for non-obvious arrhythmia is recommended. Prognosis is guarded going forward with clinical and sonographic monitoring advised. Recheck echo suggested in 6 months, sooner if progressive clinical signs which may suggest left heart disease, i.e. congestion or progressive pulmonary hypertension. Exercise restriction is recommended. Elective anesthesia is not advised.

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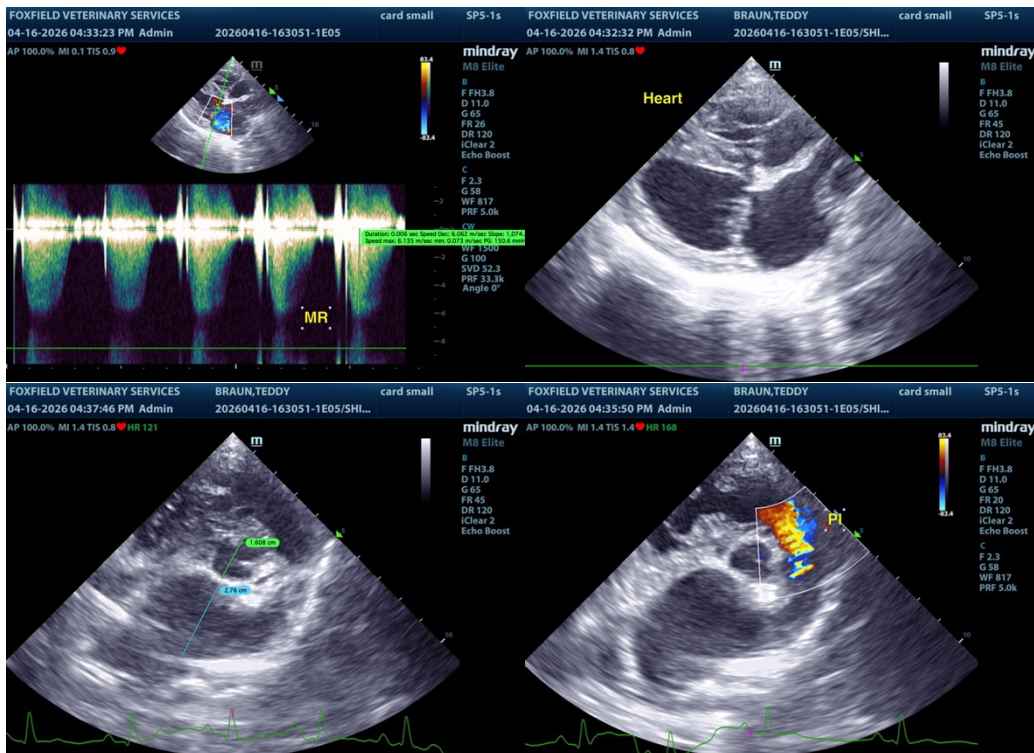
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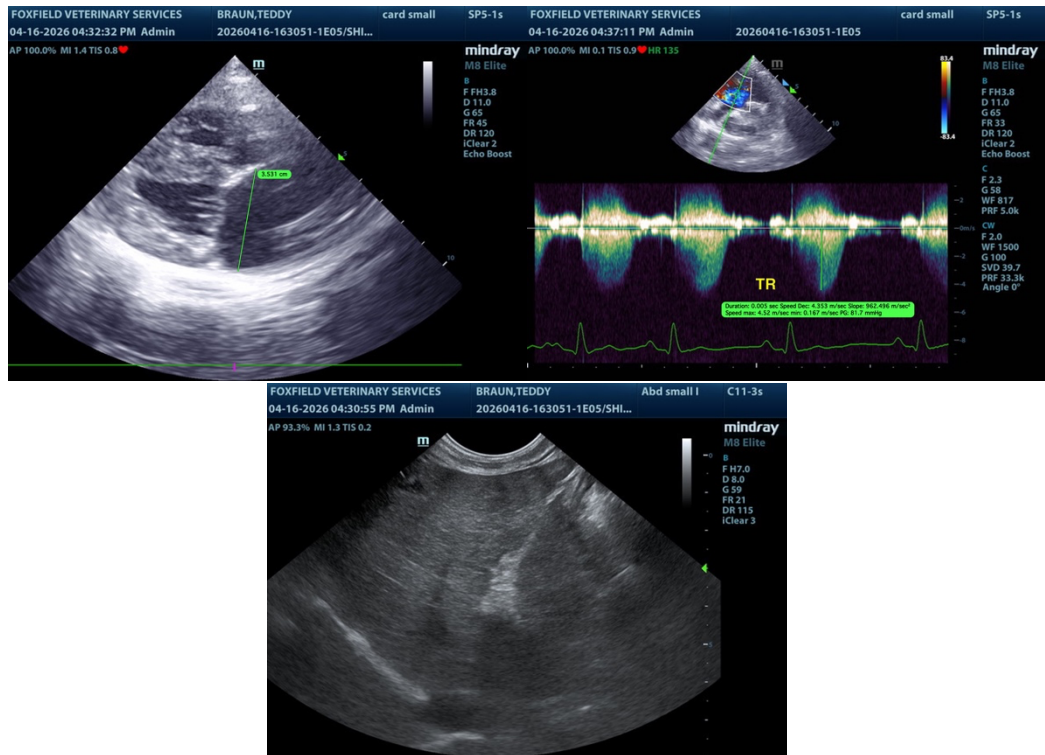
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com