



PATIENT

Paco Conrado Demayo

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

3.5

WEIGHT

8.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort &
Veterinary Clinic

REFERRING VET

Dr. Shetty

INVOICE

15197

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Patient presented for wellness exam. new HM noted. On Stella and chewy grain free raw diet. Interested in pursuing dental with prominent halitosis evident and periodontal disease.

Abnormal PE/Chem/CBC/UA Results: New systolic gr 3/6 HM auscultated on both sides of thorax. BP 146mmHg

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	--	<2.0	NM	1.37	48	81	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	1.7	1.2	8.6	2.0	2.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. No evidence of 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. Normal measured LVOT velocity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. Mild TR on doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. No evidence of arrhythmia or hepatic congestion.

ULTRASONOGRAPHIC FINDINGS



PATIENT

Paco Conrado Demayo

- Normal cardiac structure/function.
- Mild tricuspid valve regurgitation.

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

3.5

WEIGHT

8.6 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort &
Veterinary Clinic

REFERRING VET

Dr. Shetty

INVOICE

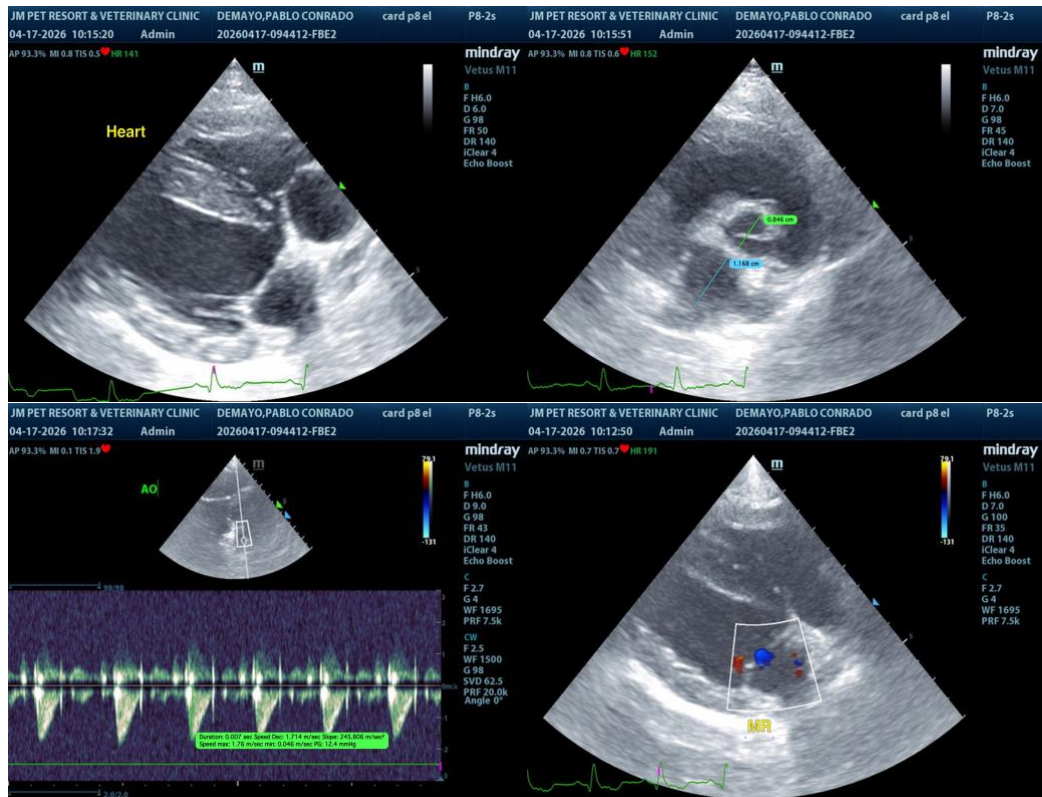
15197

DATE

04/17/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as left or right heart chamber enlargement or volume overload, LV systolic dysfunction, or stenotic disease. The only potential source of the murmur is the tricuspid regurgitation, which is of questionable perception, questionable audible perception. A small non-visualized flow abnormality cannot be definitively excluded. Regardless, the hemodynamic effects of the murmur are low given no cardiac chamber enlargement or LV dysfunction. No evidence of pulmonary hypertension. Conservative monitoring of the murmur going forward is advised without indication for cardiac medication. No anesthetic contraindications. Recheck echo is suggested in six months, sooner if clinically indicated or increase in murmur intensity. 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.





PATIENT

Paco Conrado Demayo

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

3.5

WEIGHT

8.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort &
Veterinary Clinic

REFERRING VET

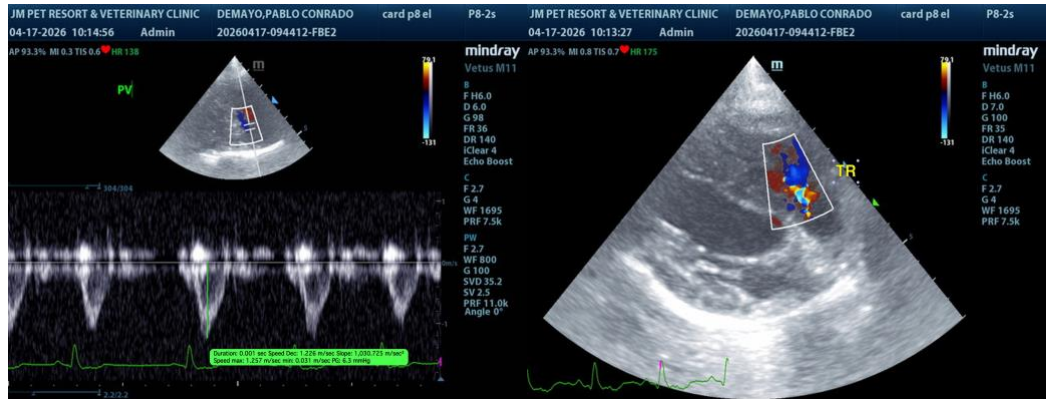
Dr. Shetty

INVOICE

15197

DATE

04/17/26



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