



**PATIENT**

Lucky Keklak

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Intact Male

**AGE**

12 Years

**WEIGHT**

11.6 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Branchville Country  
 Veterinary Clinic

**REFERRING VET**

Dr. Talbot-Valerio

**INVOICE**

14798

**DATE**

04/02/26

**PRESENTING CLINICAL SIGNS**

- yearly echo
- grade III/VI heart murmur
- last echo done 4/3/25

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

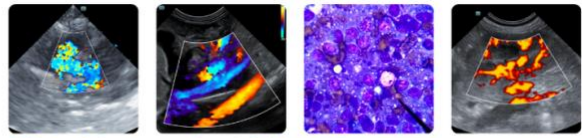
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	6.2	--	NM	1.3	37	70	0.25
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 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	142	1.0	0.8	11.6	2.4	2.3	--

**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 with mild valvular prolapse. Doppler indicated measurable moderate to significant eccentric MR with mild increased MR velocity. 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 TV insufficiency 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 cardiac / pericardial tumors was visible.

**ULTRASONOGRAPHIC FINDINGS**

- Persistent compensated mitral valve insufficiency (B1).



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- Mild TV insufficiency- no overt clinical pulmonary hypertension.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Similar to static cardiac presentation compared to the previous study without evidence of progression. The continued lack of LA enlargement indicates the current and future risk of complications secondary to MR remains low at this stage. In an assumed non-clinical patient without evidence of chamber enlargement, no indication for cardiac medication. Recheck echo is recommended in six months as prognosis remains variable, sooner if clinical signs arise. Cardiac anesthetic risk is considered mild. 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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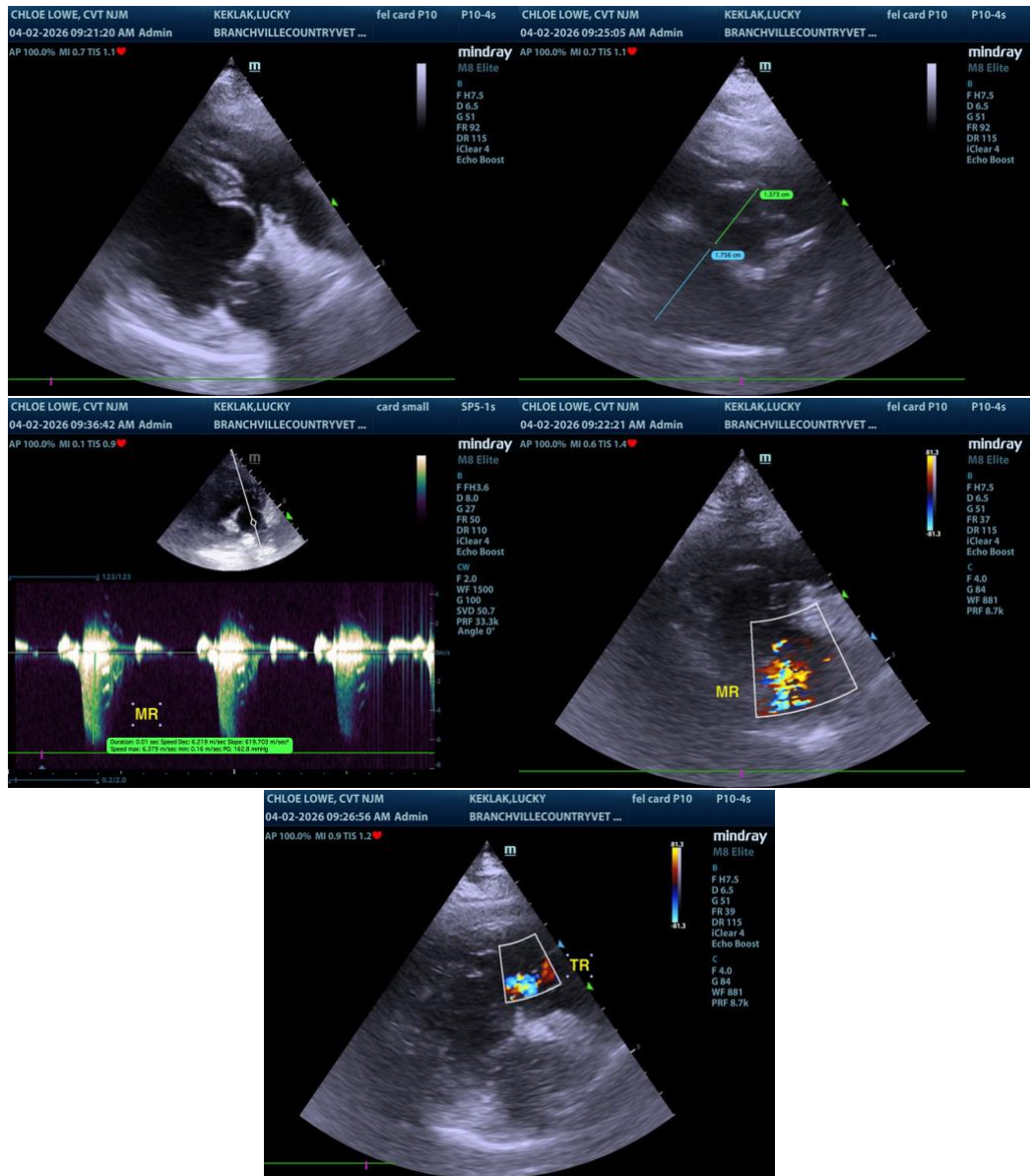
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

[info@SonoPath.com](mailto:info@SonoPath.com)