



PATIENT

The submitted study contained 23 still images and seven videos for review.

Bella SANTIAGO

PRESENTING CLINICAL SIGNS

SPECIES

- Stage C valvular disease with myocardial insufficiency.
 - Left and right sided heart failure.
 - Ascites secondary to the right sided heart failure
- Abnormal PE/Chem/CBC/UA Results: Mild distended abdomen

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Yorkie

SEX

FS

AGE

12

WEIGHT

7.5

| 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 | -- | 2.6 | 45 | 78 | 0.4 |
| 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 | NM | 0.92 | 7.5 | 3.5 | 3.3 | -- |

INTERPRETED BY

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

Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased left atrial size with associated interatrial septal deviation based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Doppler indicated significant eccentric insufficiency. No evidence of valve prolapse. The left ventricle presented thicknesses with linear contour and significant increased LV dimension/sphericity. 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. 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).

IMAGING PERFORMED BY

Dr Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Sharkaway

No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible.

INVOICE
24688

No evidence of arrhythmia.

DATE
04/29/2026



PATIENT

Persistent hepatic congestion with subjective mild volume cranial abdomen ascites.

Bella SANTIAGO

ULTRASONOGRAPHIC FINDINGS

Primary

SPECIES

Canine

- Chronic mitral valve disease (ACVIM stage C)
- TV insufficiency with a subjective normal RA / RV dimension
- Persistent congested liver and mild volume ascites

BREED

Yorkie

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

Continued triple therapy assuming instituted based on previous ultrasound recommendations is indicated. The measured TV insufficiency velocity was not overtly consistent with clinical pulmonary hypertension, yet underestimation of pulmonary pressure and some degree of pulmonary hypertension is suspected in conjunction with persistent hepatic congestion and cranial abdomen ascites. If concurrent clinical signs suggestive of clinical pulmonary hypertension, i.e. syncope, exercise intolerance, etc., sildenafil 1-2 mg/ kg PO BID with clinical monitoring is warranted.

AGE

12

Prognosis remains extremely guarded long-term as this patient will remain at increased risk for progressive CHF, development of malignant arrhythmia, progressive pulmonary hypertension, and potential for sudden death. Monitoring of systemic BP, renal parameters, and ideally ECG is indicated. Elective anesthesia is not advised. Recheck echocardiogram recommended as needed based on clinical impression of the patient.

WEIGHT

7.5

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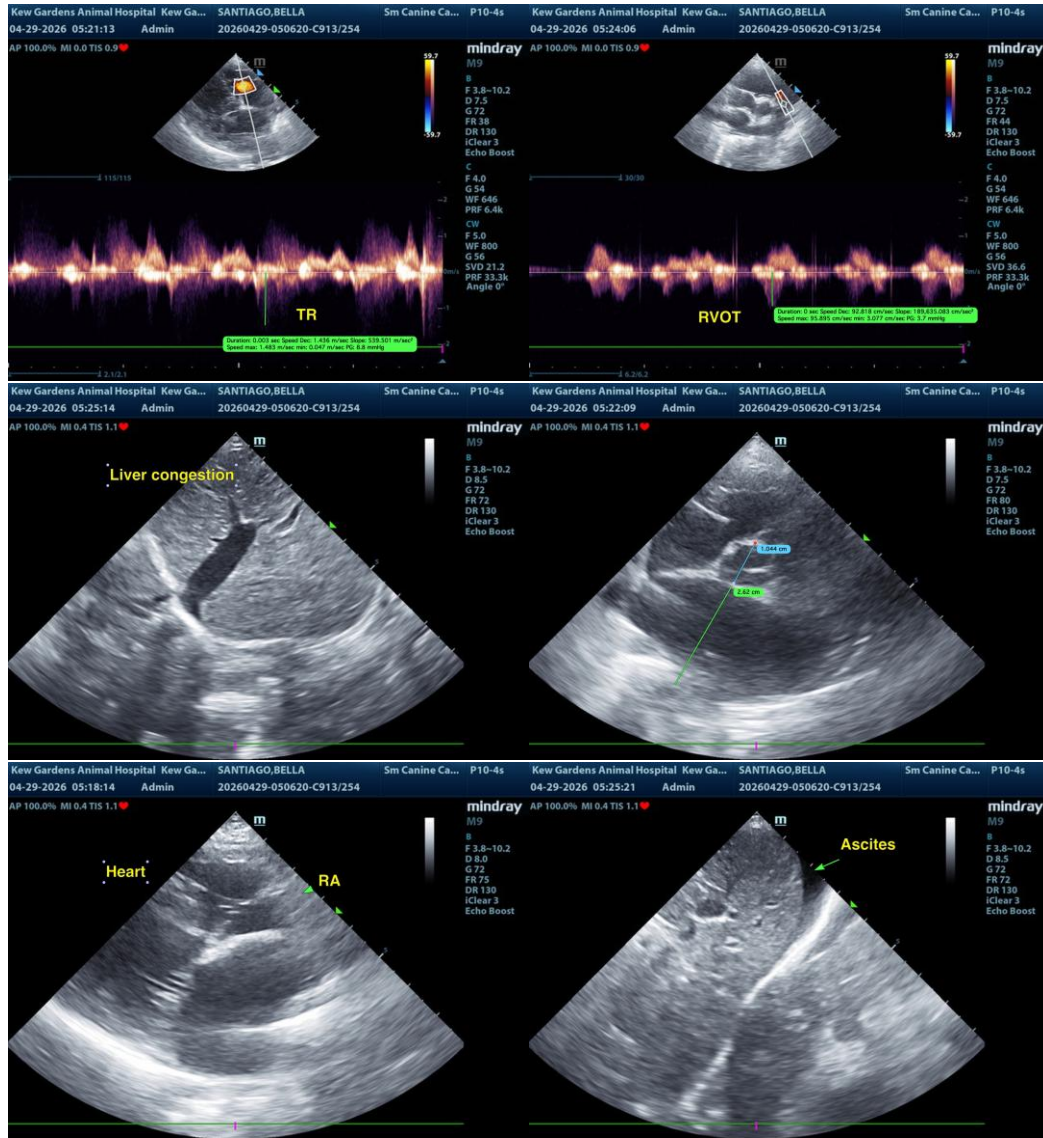
Dr Sharkaway

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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.

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