



**PATIENT**

Willy Fischer

**PRESENTING CLINICAL SIGNS**

Grade 2-3/6 L systolic murmur, collapsing trachea, cardiac enlargement (VHS 11 on rads), cough  
Current meds: Levothyroxine BID, Cerenia

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 423, mild hyperglycemia <200

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Chihuahua

**SEX**

MN

**AGE**

9yr

**WEIGHT**

10lb

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	5.2	<2.0	--	1.55	48	81	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	NM	1.8	1.0	10lb	2.9	2.9	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated borderline to mild increased left atrial size based on 2 different LA measurement methods. Minor deviated interatrial septum. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Minor valvular prolapse. Doppler indicated measurable significant eccentric insufficiency. The left ventricle presented borderline increased LV internal 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 normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated mild thickening with minor 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). No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of hepatic congestion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Minor chronic mitral valve disease with mild valvular prolapse (ACVIM mild B2)
- TV insufficiency- no evidence of clinical pulmonary hypertension

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Neghan Morse LVT, CVT

**HOSPITAL NAME**

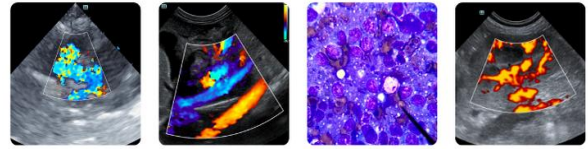
Hamptonburgh Animal Hospital

**REFERRING VET**

Dr Halpern

**INVOICE**  
24400

**DATE**  
04/06/2026



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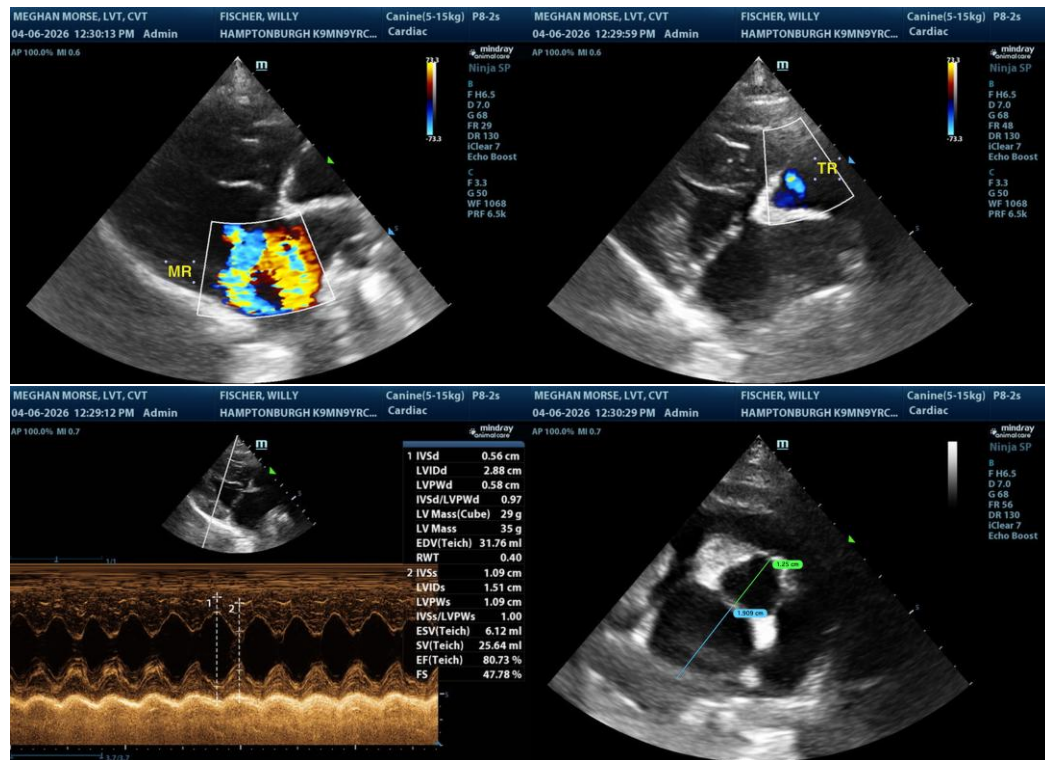
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The borderline left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is mildly elevated, yet overall, the heart appears stable. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension. Given evidence of emerging LA dilation, Pimobendan 0.3 mg/kg BID is recommended. No overt indication for additional medication. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6 months, 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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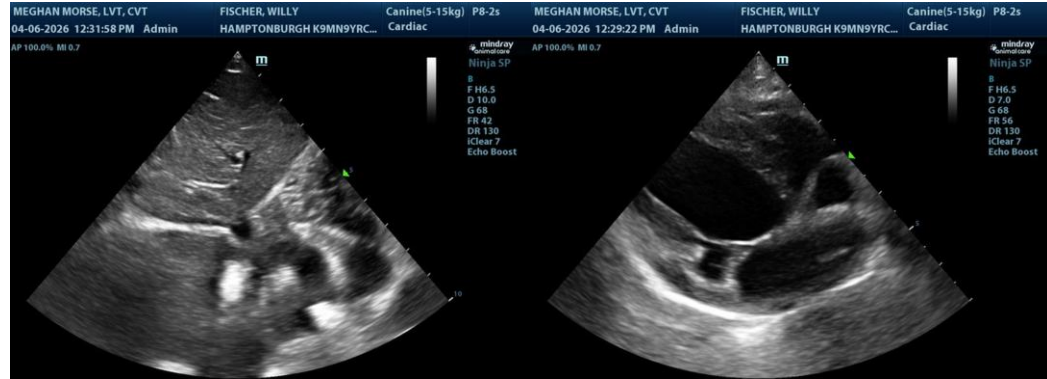
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)