



PATIENT

Mia Fernandez

SPECIES

Canine

BREED

Bolognese

SEX

Spayed Female

AGE

11 Years 3 Months

WEIGHT

9.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park
Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

14977

DATE

04/09/26

PRESENTING CLINICAL SIGNS

Pre- anesthetic / recheck echo - 5/19/25, minor eccentric MR, Grade 1-2/6 systolic murmur over L side. Onset of seizures 1/26 - started on Kepra. meds: Levitatecam 100 mg TID

Abnormal PE/Chem/CBC/UA Results: 3/27/26 BW NSF

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	5.0	--	NM	1.3	55	87	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	216	1.6	1.0	9.9	2.4	2.5	--

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 mild thickening consistent with mild endocardiosis. Doppler revealed mild centralized to eccentric MR. 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 adequate linear morphology. 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

- Compensated mitral valve insufficiency (static B1).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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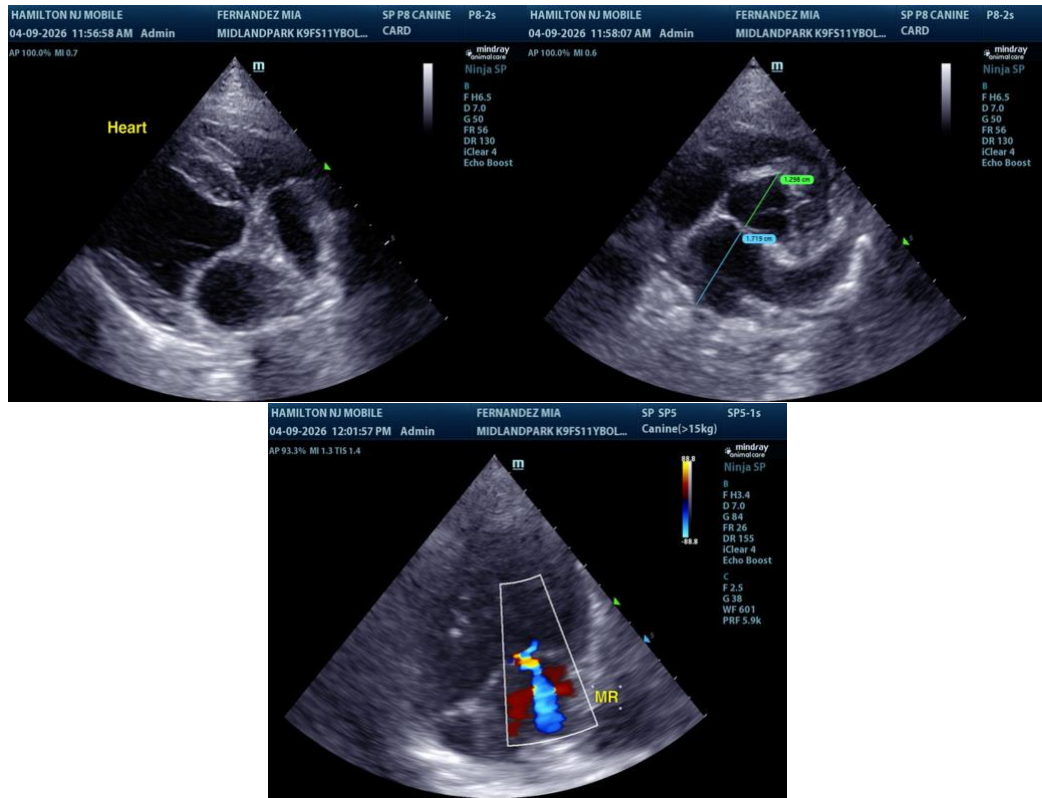
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The continued lack of LA or generalized cardiac chamber enlargement indicates the current and future risk of complication secondary to MR is low. No evidence of structural or functional cardiomyopathy or arrhythmia as a contributing factor to the seizures. No indication for cardiac medications. Prognosis remains variable and sonographic monitoring is indicated. Recheck echo is suggested in 6-12 months, sooner if clinically indicated. Cardiac anesthetic risk is low. 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.



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)

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