



PATIENT PRESENTING CLINICAL SIGNS

Tina Leonard History: Intermittent coughing + dyspnea - worse at night. Grade 4/6 systolic murmur, wheezing on ausc of lungs. Rads revealed Left sided heart enlargement and mild diffuse bronchiole pattern.

SPECIES

Canine Meds: Non currently

BREED

Mix

Abnormal PE/Chem/CBC/UA Results: 9/8/25 ^ PLT 531K BP: 254/1-5 (154) HR 164, 206/118 (142) HR 71, 197/105 (140) HR 75, 167/117 (138) HR 164, 3.0 cuff on L lef

SEX

Female Spayed

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

AGE

10y

WEIGHT

7.8 lbs

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	--	--	--	1.3	51	84	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	180	1.1	0.95	--	2.0	2.0	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

Cardiac Presentation

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr.Shokoff

INVOICE

13386

DATE

4/9/26

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. Doppler indicated moderate eccentric MR insufficiency. MR velocity measured 5.8 m/s. 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.



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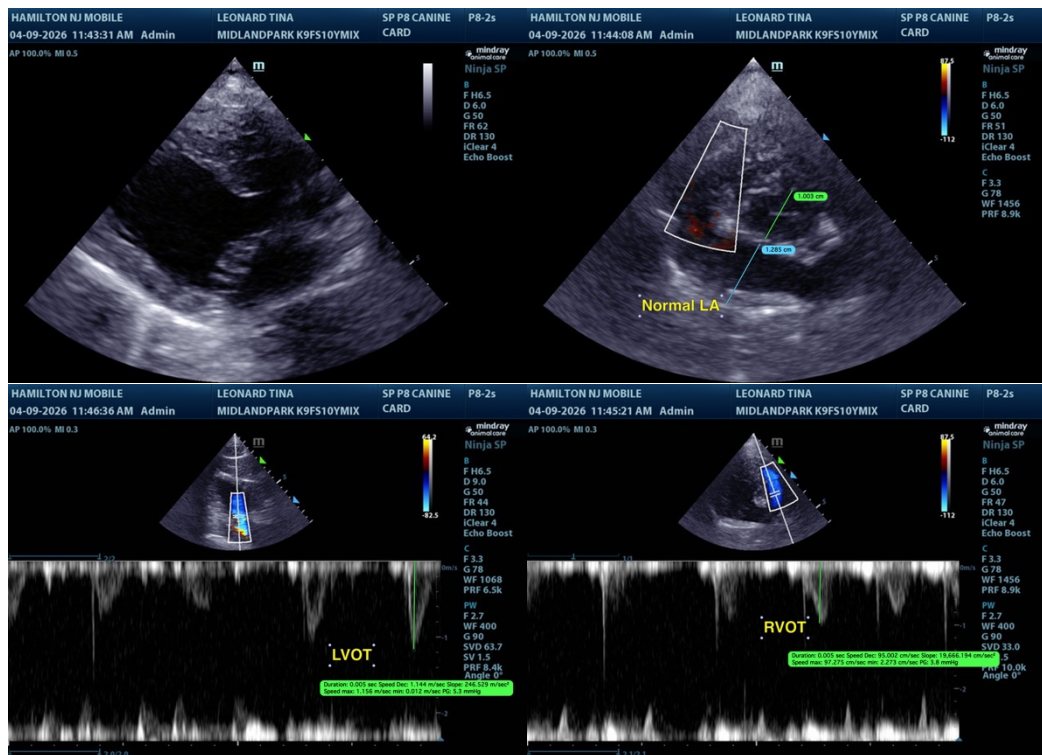
ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve disease (B1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is low at this time and, without current clinical signs, indicates that medical therapy is not required. No evidence of clinical pulmonary hypertension. Without evidence of pulmonary hypertension or volume overload, the respiratory signs of this patient are likely non-cardiogenic in origin. Correlation with 3-view chest radiographs and respiratory support based on clinical impression of the patient is recommended. Continued cardiac prognosis is considered variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6-12 months, sooner if clinical signs arise.

No anesthetic contraindications. Anesthetic risk is considered mildly elevated. Elective anesthesia is not advised. 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

Tina Leonard

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.

SPECIES

Canine

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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info@sonopath.com

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