



## PATIENT

Snoopy Reavis

## SPECIES

Canine

## BREED

Beagle Mix

## SEX

Neutered Male

## AGE

15 Years 4 Months

## WEIGHT

25 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ashley Whitesell

## HOSPITAL NAME

Dickson Animal Clinic

## REFERRING VET

Dr Peter Rowen (New  
Hope Vet Hospital)

## INVOICE

16126

## DATE

05/12/26

## PRESENTING CLINICAL SIGNS

Coughing, Heart murmur 5/6, normal sinus rhythm, femoral pulses strong and synchronous. Blood Pressure Measurement: Cuff Size: 6-11cm (green). Location: Left cephalic. Systolic:144 mmHg. Diastolic: 93 mmHg. MAP: 103 mmHg. HR: 114 bpm

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

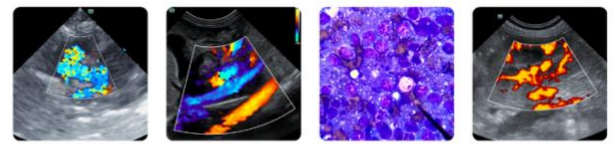
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	<2.0	NM	1.2	45	78	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 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	NM	1.2	--	25	2.9	3.0	--

## 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. Doppler revealed moderate 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 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 arrhythmogenic activity of hepatic congestion.

## ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1).
- Minor tricuspid regurgitation- no evidence of clinical pulmonary hypertension.



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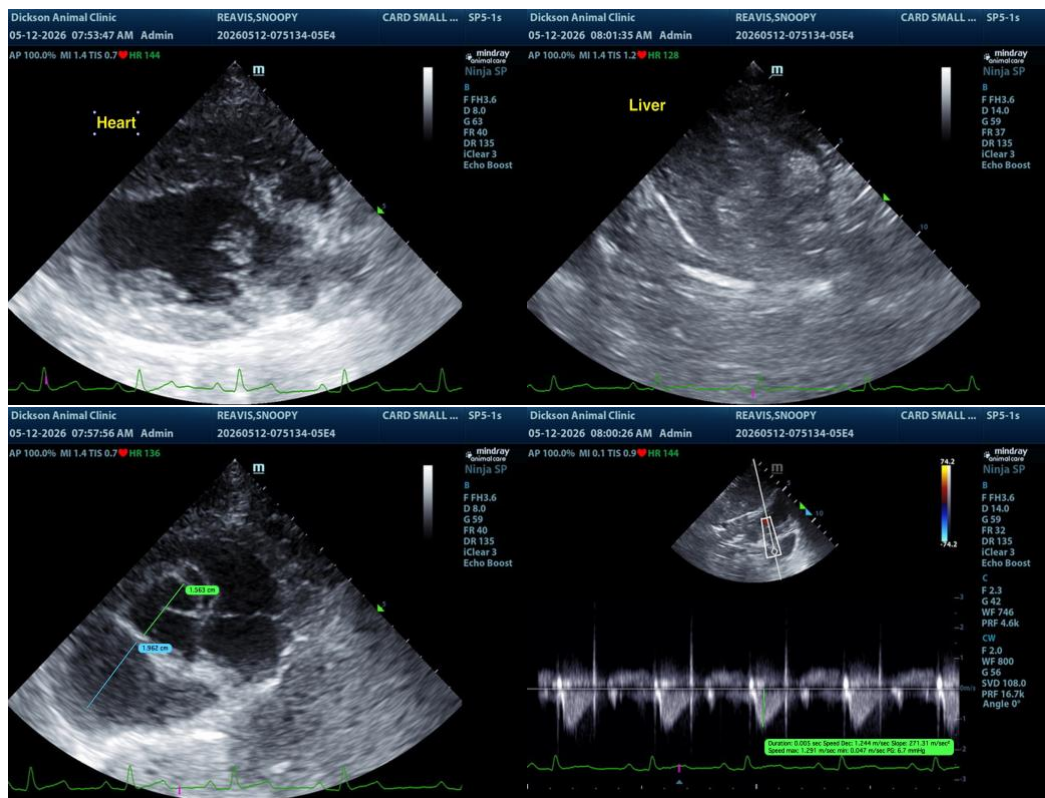
05/12/26

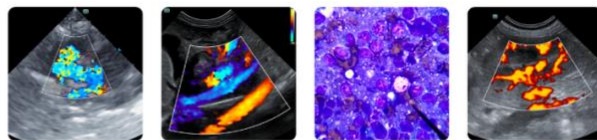
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with chronic degenerative valvular changes with primary eccentric MR and minor TR. The lack of cardiac chamber enlargement indicates the current and future risk of complication is low.

The coughing in this patient appears non-cardiogenic in origin. No indication for cardiac medication at this stage. Respiratory support is indicated. Correlation with three view chest radiographs is recommended if not done.

Cardiac prognosis remains variable and sonographic monitoring is advised. Recheck echo is suggested in six months, sooner if clinically indicated. Current cardiac anesthetic risk is considered mild. If required, the following protocol is suggested. 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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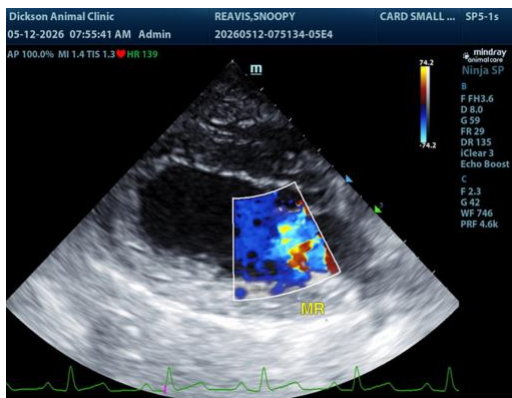
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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