

PATIENT

Winston Little

SPECIES

Canine

BREED

Doberman Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

76 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. Ashley Whitesell

INVOICE

16127

DATE

05/12/26

PRESENTING CLINICAL SIGNS

Heart murmur 3/6 only heard on the left side, weight loss, muscle mass loss across spine. Blood Pressure Measurement: Cuff Size: 4. Location: left front. Systolic: 187. Diastolic: 105. MAP: 126. HR:132

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

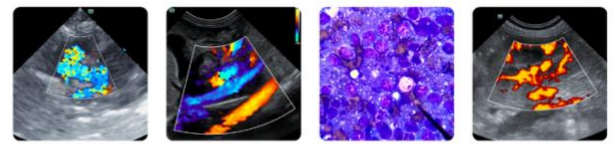
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.45	42	74	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 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	1.4	0.8	76	4.0	3.9	--

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 degenerative changes/endocardiosis. Doppler indicated 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 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). Minor pulmonic insufficiency on doppler. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrhythmogenic activity or hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Overall, normal cardiac structure/function.



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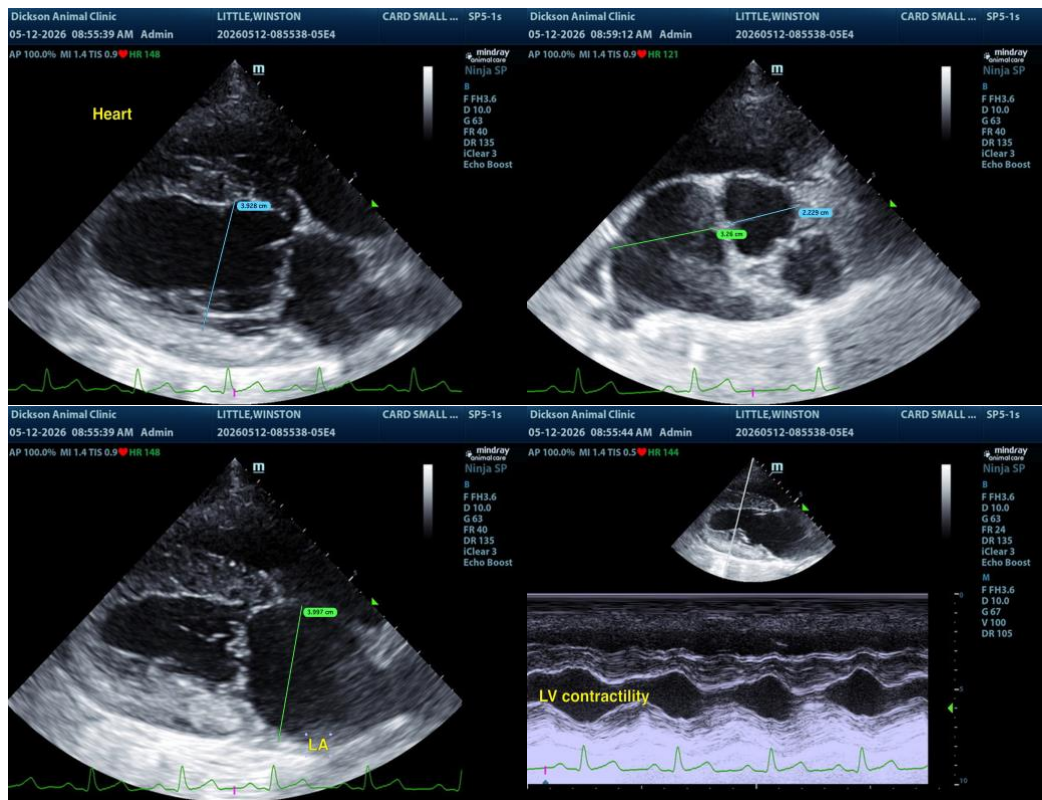
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- Mild compensated mitral insufficiency (B1).
- Minor pulmonic valve insufficiency- not hemodynamically significant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with mild chronic degenerative valvular changes and eccentric MR. No other evidence of additional significant valvular insufficiencies or clinical issues such as DCM. The lack of cardiac chamber enlargement or LV systolic dysfunction indicates the current and future risk of complication is low.

No indication for cardiac medications. No evidence of cardiac disease as a contributing factor to the patient's weight loss. Cardiac prognosis remains variable and sonographic monitoring is advised. Recheck echo is recommended in six months, sooner if clinically indicated. 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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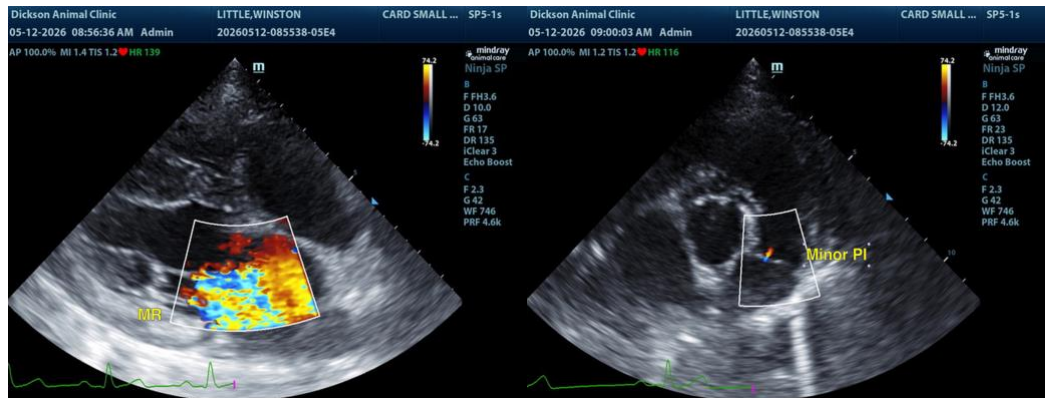
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com