



PATIENT

Max Singh

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

11yr

WEIGHT

83lb

PRESENTING CLINICAL SIGNS

Murmur. Currently on trilostane and vetmedin

Abnormal PE/Chem/CBC/UA Results: WNL

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	5.1	--	--	1.22	41	72	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	1.4	0.9	83lb	4.8	4.4	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE 24837

DATE
05/14/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented mild thickening consistent with mild degenerative changes/ endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. 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 infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window. Possible intermittent arrhythmia noted.

ULTRASONOGRAPHIC FINDINGS

Primary

- Compensated mitral valve insufficiency (B1)



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- Possible intermittent arrhythmia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The cause of the murmur is mild chronic degenerative mitral valve changes and secondary eccentric mitral valve insufficiency. DCM criteria was not met. The lack of left atrial enlargement implies the risk of complications secondary to mitral valve insufficiency is low and assuming no clinical signs indicates that medical therapy is not required. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension although suspect intermittent nonspecific arrhythmia. Correlation with ECG recommended.

BREED

Labradoodle

The prognosis is variable and sonographic monitoring recommended. Recheck echo suggested in 6 months, sooner if clinical signs arise. From a cardiac function standpoint 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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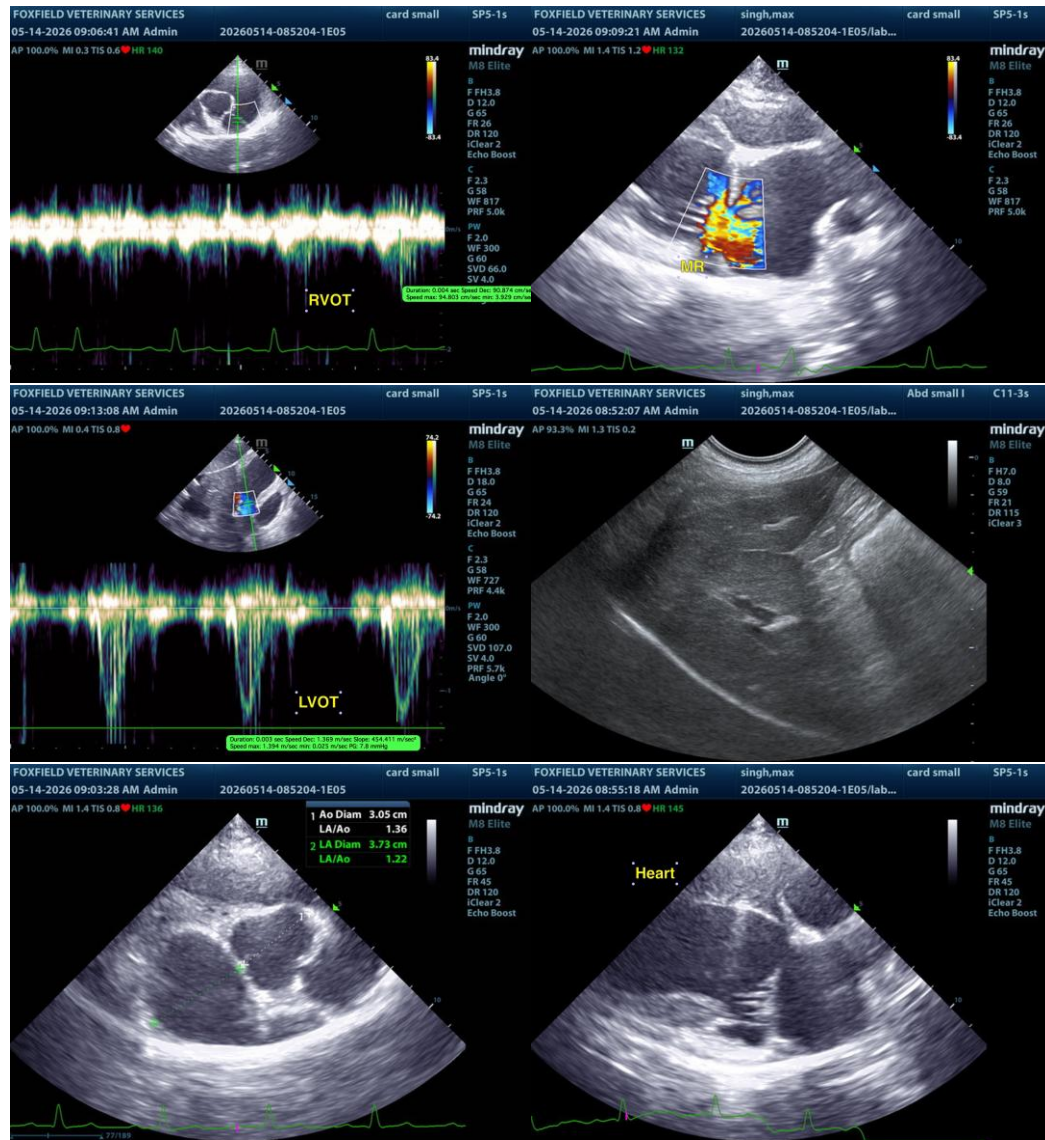
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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