



**PATIENT**

Zoey Missaghieh

**SPECIES**

Canine

**BREED**

Cavapoo

**SEX**

Spayed Female

**AGE**

7 Years 10 Months

**WEIGHT**

10.3 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Wyckoff Veterinary  
Hospital

**REFERRING VET**

Dr. Eisenberg

**INVOICE**

16212

**DATE**

05/14/26

**PRESENTING CLINICAL SIGNS**

MVD pet yearly echo, Meds: Vetmedin 0.3mg/kg Q12

**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	5.9	2.7	NM	1.48	56	87	0.2
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	200	1.5	0.8	10.3	2.2	3.2	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated mild increased **left atrial** dimension based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated significant eccentric MR. The **left ventricle** presented with mild increased LV dimension. 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 mild 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 arrhythmia or hepatic congestion.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic mitral valve disease (persistent B2).
- Mild tricuspid insufficiency- no evidence of clinical pulmonary hypertension.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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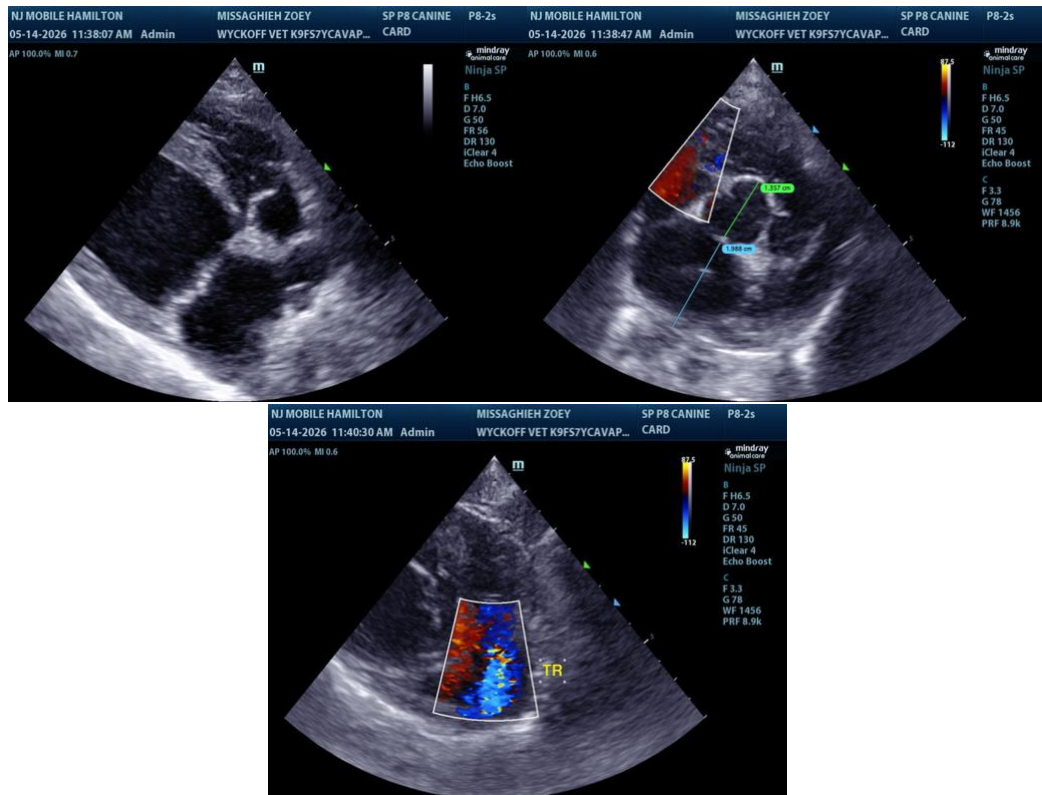
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The mild increased LA/LV dimension indicates the current and future risk of complication, secondary to MR, is mildly elevated yet overall, the heart appears stable. Continued Pimobendan at 0.3 mg/kg BID is warranted. No overt indication for additional cardiac medication at this stage in conjunction with non-reported clinical signs. Prognosis remains variable and sonographic monitoring is indicated. Recheck echo is recommended in six months, sooner if clinical signs arise. Anesthetic risk is mildly elevated. If required, the following protocol is recommended with judicious IV fluid administration. 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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