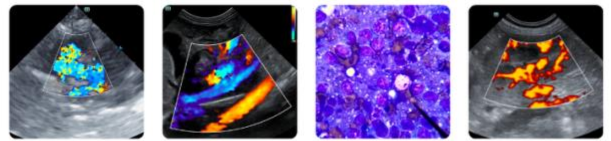
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

**PATIENT**

Louie Kieta

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

21 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Megan Bray

**HOSPITAL NAME**

Taylorsville Veterinary Clinic

**REFERRING VET**

Dr. Ashleigh Bisset

**INVOICE**

16351

**DATE**

05/18/26

## PRESENTING CLINICAL SIGNS

Louie is an 8-year-old beagle mix with chronic mitral valve disease (B2) and a persistent grade 4-5/6 heart murmur, currently managed with Vetmedin and due for a 6 month recheck echocardiogram. They are also status post right thoracic limb amputation for Grade 2 soft tissue sarcoma.

Abnormal PE/Chem/CBC/UA Results: Doppler blood pressure readings today 160, 165, 150, 180

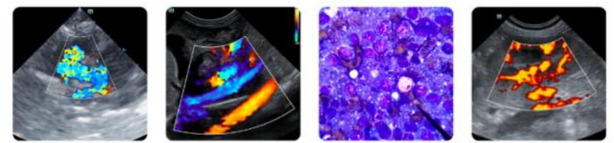
## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

| 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 | 1.9 | 44 | 76 | 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 | 1.3 | 1.0 | 21 | 3.4 | 3.1 | -- |

### *Cardiac Presentation*

The echocardiogram in this patient demonstrated moderate increased **left atrial** dimension based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening (anterior greater than posterior) consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour and mild/moderate 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 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. No evidence of arrhythmia.

## ULTRASONOGRAPHIC FINDINGS





**PATIENT**

Louie Kieta

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

21 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Megan Bray

**HOSPITAL NAME**

Taylorsville Veterinary Clinic

**REFERRING VET**

Dr. Ashleigh Bisset

**INVOICE**

16351

**DATE**

05/18/26

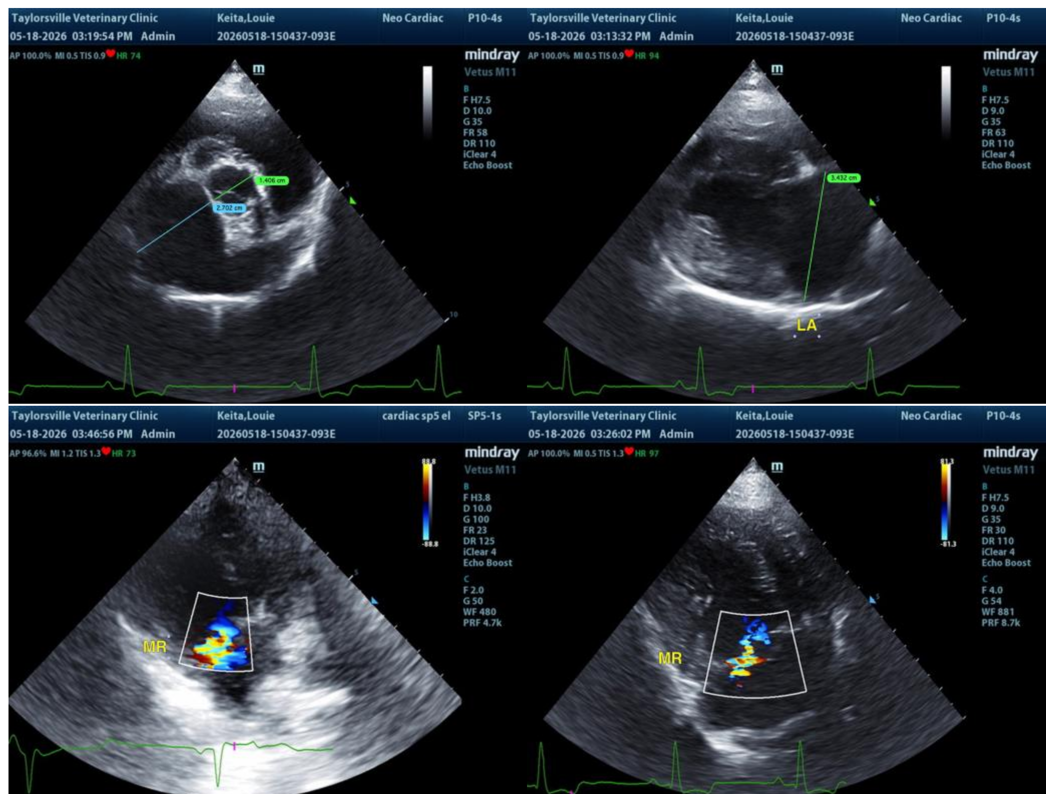
- Chronic mitral valve disease (B2).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

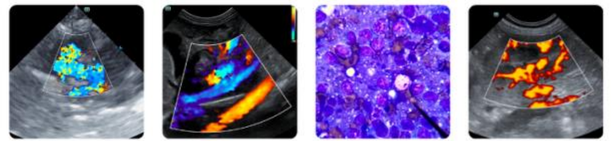
Overall, similar cardiac presentation compared to the previous study without evidence of overt or significant progression. The degree of LA/LV enlargement continues to indicate the current and future risk of complications, secondary to MR, is moderately elevated, yet overall the heart remains stable in conjunction with lack of reported clinical signs.

Continued Pimobendan, 0.3 mg/kg, BID is recommended with monitoring for clinical signs and resting respiration rate. Weak diuretic spironolactone, 1-2 mg/kg, BID could be considered if evidence of emerging increased resting respiration rate. Mild salt restriction and omega fatty acid supplementation may prove beneficial.

Prognosis remains variable and sonographic monitoring is advised. Recheck echo is suggested in six months, sooner if clinically indicated. Anesthetic risk is considered moderate. If required, the following protocol is suggested with limited anesthetic time and 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**





**PATIENT**

Louie Kieta

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

21 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Megan Bray

**HOSPITAL NAME**

Taylorsville Veterinary Clinic

**REFERRING VET**

Dr. Ashleigh Bisset

**INVOICE**

16351

**DATE**

05/18/26

**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