



PATIENT

Pippin Gregg

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Male

AGE

11 Years

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg Veterinary
Center

REFERRING VET

Dr. Amber

INVOICE

16368

DATE

05/19/26

PRESENTING CLINICAL SIGNS

Grade III/V left-sided murmur. No crackles or fluid noted. hx of prostatic enlargement but sees a reproductive specialist for that. Current medications include Denamarin, Ursodiol, and Finasteride.

Abnormal PE/Chem/CBC/UA Results: no current labs

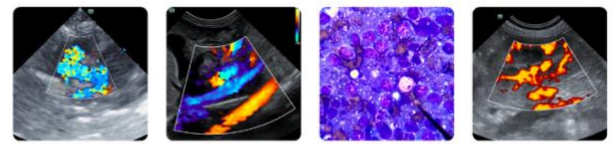
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	6.3	--	NM	1.5	40	74	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	1.0	0.9	20	2.7	2.8	--

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 myxomatous degenerative change with mild septal leaflet prolapse. Eccentric mitral valve on spectral doppler with mild increased measured 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. Minor aortic valve insufficiency on doppler. 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). Mild 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 arrhythmia.

ULTRASONOGRAPHIC FINDINGS



PATIENT

Pippin Gregg

- Chronic degenerative mitral valve disease with mild valve prolapse and mild increased measured mitral insufficiency velocity.
- Mild pulmonic valve insufficiency.
- Minor aortic valve insufficiency.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Cavalier King Charles

The lack of left atrial enlargement indicates that the current and future risk complications secondary to MR at this stage is low. Assuming patient is non-clinical, no indication for cardiac medications. Assessment of systemic BP for hypertension given increased measured MR velocity and concurrent aortic valve insufficiency is recommended.

SEX

Male

Given breed, prognosis is considered highly variable and sonographic monitoring is advised. Recheck echo is suggested in six months, sooner if clinical signs arise.

AGE

11 Years

Current cardiac anesthetic risk considered mild. If required, the following protocol is suggested 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.

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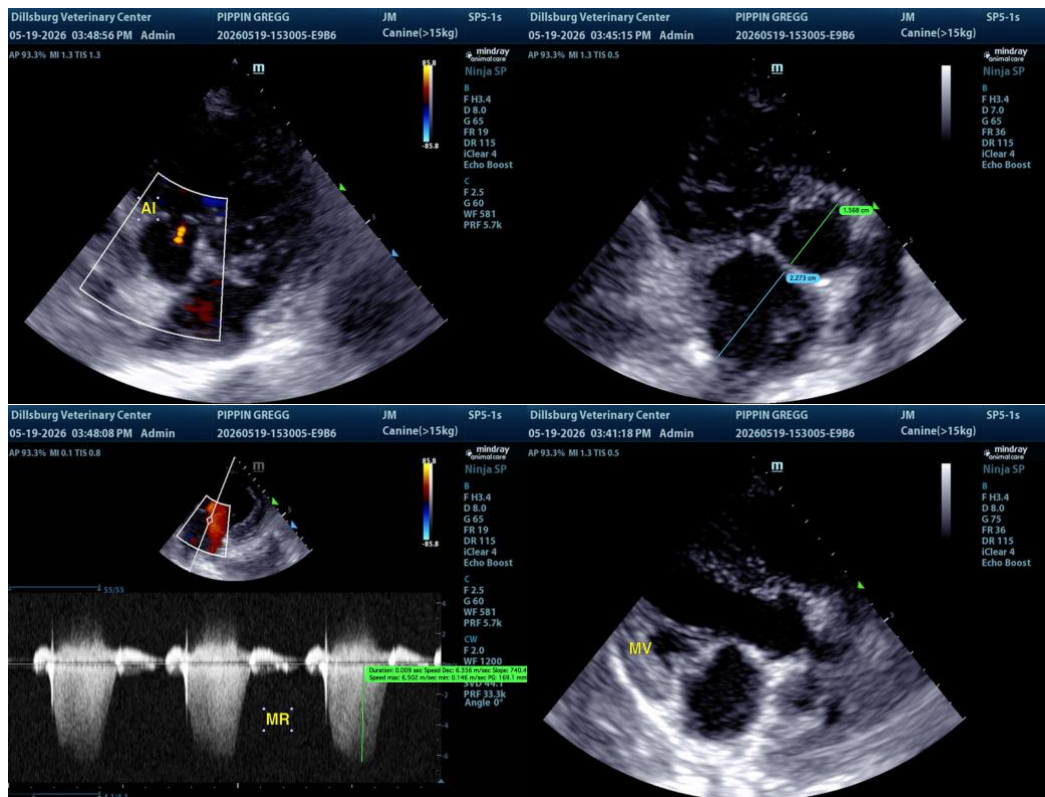
Dr. Amber

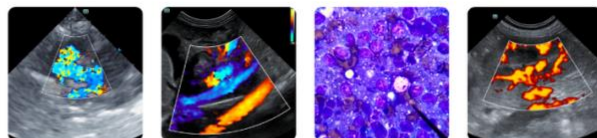
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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