



## PATIENT

Liam Dalphond

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Neutered Male

## AGE

13

## WEIGHT

3.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sharkaway

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Sharkaway

## INVOICE

16396

## DATE

05/20/26

## PRESENTING CLINICAL SIGNS

History of heart murmur grade 4 out of 6, chronic mitral valve disease (ACVIM B2+/C).

Abnormal PE/Chem/CBC/UA Results: heart murmur grade 4 out of 6

## 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	2.3	45	78	0.4
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	1.2	0.84	3.6	2.6	2.4	--

## Cardiac Presentation

The echocardiogram in this patient demonstrated significantly increased **left atrial** dimension (subjectively static compared to the previous study) based on 2 different LA measurement methods with associated intra-atrial septal deviation. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis (anterior greater than posterior). Doppler revealed moderate to severe eccentric MR. The **left ventricle** presented static moderate to significant increased LV dimension and increased sphericity. 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

- Chronic mitral valve disease (ACVIM stage B2-C).



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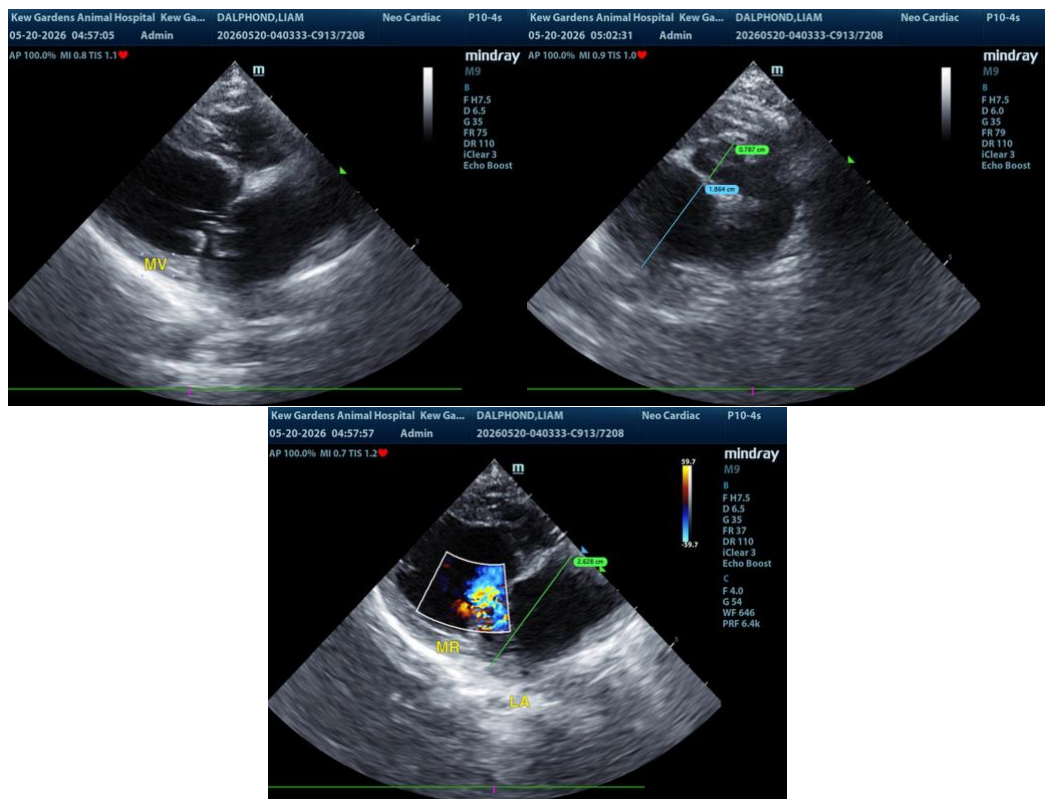
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, similar to static presentation and chamber dimension compared to the previous study without evidence of overt or significant progression. The significant increased LA/LV dimension continues to indicate that the current and future risk of complications secondary to MR is significantly elevated and this patient will remain at increased risk going forward to CHF or development of malignant arrhythmia.

Continued triple therapy is indicated. Elective anesthesia is not advised. Baseline monitoring of resting respiration rate is recommended. Monitoring of systemic BP, ECG and renal parameters, assuming diuretic therapy would be ideal. Recheck echo is suggested in six months, sooner if progressive clinical signs.



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](mailto:info@SonoPath.com)



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