



PATIENT

Mo Endres

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

12 Years

WEIGHT

8.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg Veterinary
Center

REFERRING VET

Dr. Pryor

INVOICE

16388

DATE

05/20/26

PRESENTING CLINICAL SIGNS

Mo is a PDL 4 and needs a dental cleaning. History of 3/6 systolic murmur. Pre-op EKG showed normal sinus rhythm.

BUN 43, PLT 528, NEU 56%, LYMPH 35%, rest WNL. Accuplex negx4

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

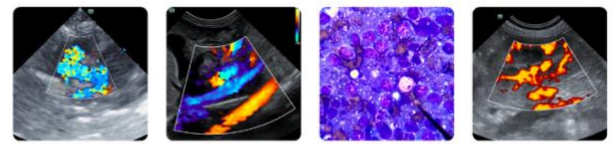
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	~2.4	NM	1.3	45	78	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 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	NM	--	--	8.5	1.7	2.2	--

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 mild thickening consistent with mild degenerative changes/endocardiosis. Doppler revealed eccentric 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. 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.

ULTRASONOGRAPHIC FINDINGS

- Overall normal cardiac structure/function.
- Mildly thickened mitral valve leaflet without valvular prolapse.



PATIENT

- Mild tricuspid insufficiency- no evidence of clinical pulmonary hypertension.

Mo Endres

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Although not definitively visualized, the source of the murmur is suspected to be compensated mild chronic degenerative mitral valve changes and non-visualized MR. A contributing factor to the murmur owing to tricuspid insufficiency is also possible. No evidence of additional cardiac clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction or arrhythmia.

Canine

BREED

Regardless of classification, the hemodynamic effects of the murmur appear low. No indication for cardiac medication, assuming patient is non-clinical. Conservative monitoring of the murmur going forward is advised.

Maltese

SEX

Recheck echo is suggested in six months, sooner if increase in murmur intensity or if clinically indicated. Current cardiac anesthetic risk is considered mild. 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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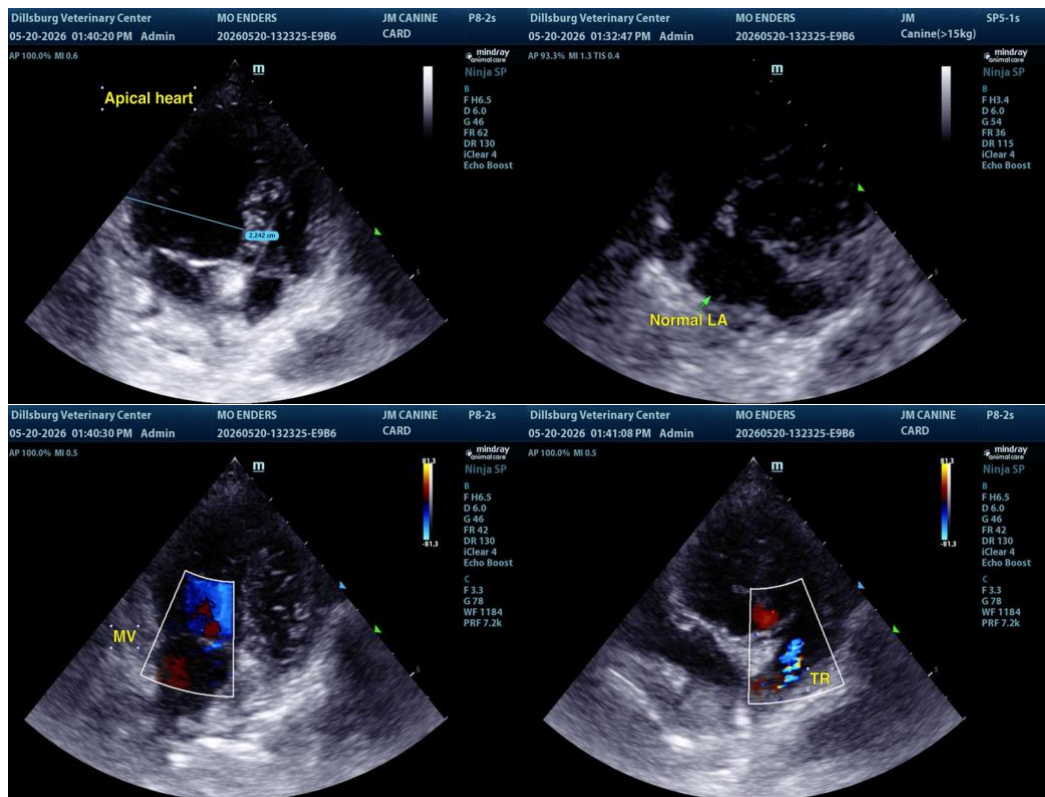
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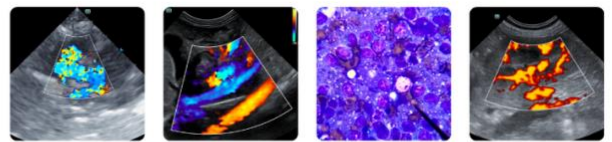
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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

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