



**PATIENT**

Ace Buchakian

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

MN

**AGE**

12yr

**WEIGHT**

80lb

**PRESENTING CLINICAL SIGNS**

Cardiomegaly on thoracic rads. Had horners syndrome OS so took chest rads to look for cause and heart enlarged on rad. No murmur heart. not on grain free diet.

Abnormal PE/Chem/CBC/UA Results: NSF

**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	--	--	--	1.2	25	48	0.54
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	133	1.2	0.7	80lb	4.0	4.3	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No overt or significant MR on Doppler. The left ventricle presented normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility was mildly subnormal as evidenced by the fracture shortening measurement. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window. No evidence of arrhythmia or hepatic congestion. Possible borderline bradycardia.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Normal cardiac structure with mild LV hypocontractility
- Possible mild bradycardia

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Rondout Valley Animal Hospital

**REFERRING VET**

Dr Laux

**INVOICE**

24920

**DATE**

05/22/2026



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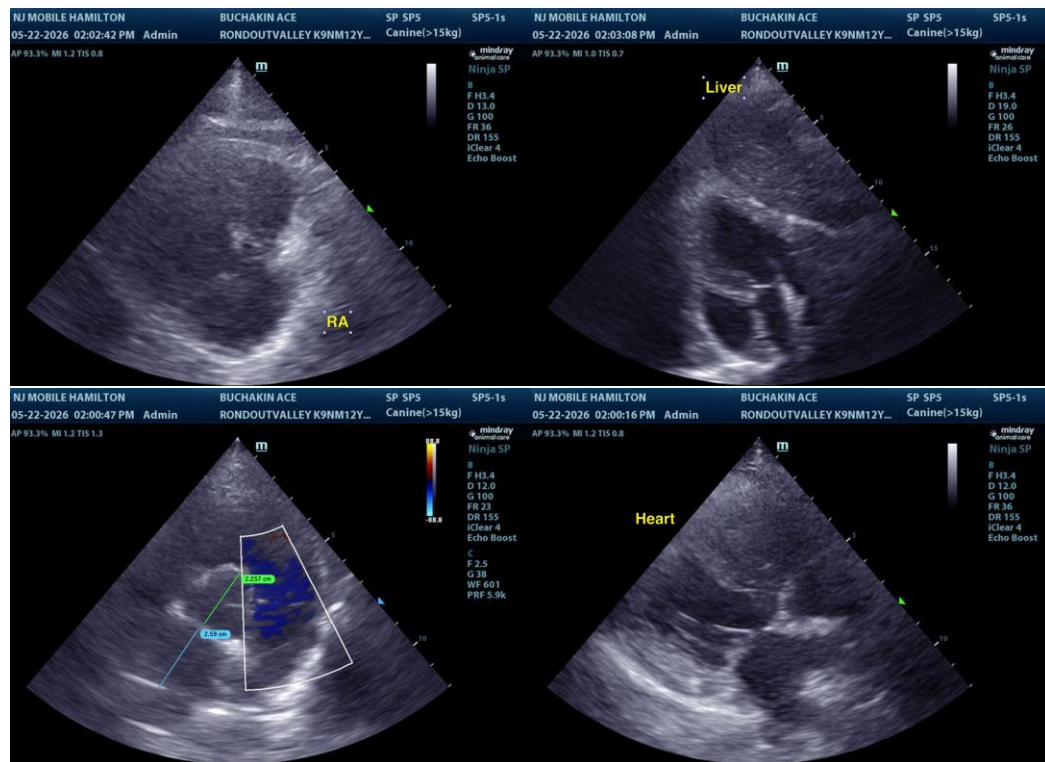
**DATE**  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of clinical issues such as left or right heart chamber enlargement or clinical pulmonary hypertension. The mild subnormal LV contractility may indicate athletic state, systemic disease, hyperthyroidism without evidence of DCM criteria. Hypocontractility may be associated with sedation without evidence of left or right heart chamber enlargement or reported clinical signs. No indication for cardiac medication. ECG recommended given possible mild bradycardia.

Radiographic and echocardiographic monitoring is recommended with recheck echo suggested in 6 months, sooner if clinical signs consistent with cardiac dysfunction arise.

Anesthetic risk considered mild to possible moderate pending further assessment. If required, the following protocol is suggested with clinical monitoring. 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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[info@sonopath.com](mailto:info@sonopath.com)

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