



PATIENT

Bentley Mansfield

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

15Y

WEIGHT

5kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Creature Comforts
Veterinary Service

REFERRING VET

Dr. Wendy Turner

INVOICE

75195

DATE

5-28-26

PRESENTING CLINICAL SIGNS

Grade 3/6 systolic ejection murmur PMI L mitral noted on PE. Hx seizure like activity x 2. Stage 3 PDDZ. Neuro appropriate. Current Medications: Preventives only (Torb/Midaz sedation for scan) BCS 6/9

Abnormal PE/Chem/CBC/UA Results: NSF/UA not done. CXR: Increased cardiac silhouette (rads attached for reference)

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	1.45	38	71	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	165	1.2	0.8	5	2.5	2.4	

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 endocardiosis. Doppler indicated measurable moderate eccentric MR 5.6 m/s. 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 mildly thickened with mild to moderate insufficiency on Doppler measuring 3.9 m/s max (approx. 60 mmHg) 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 or current hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve disease (B1).



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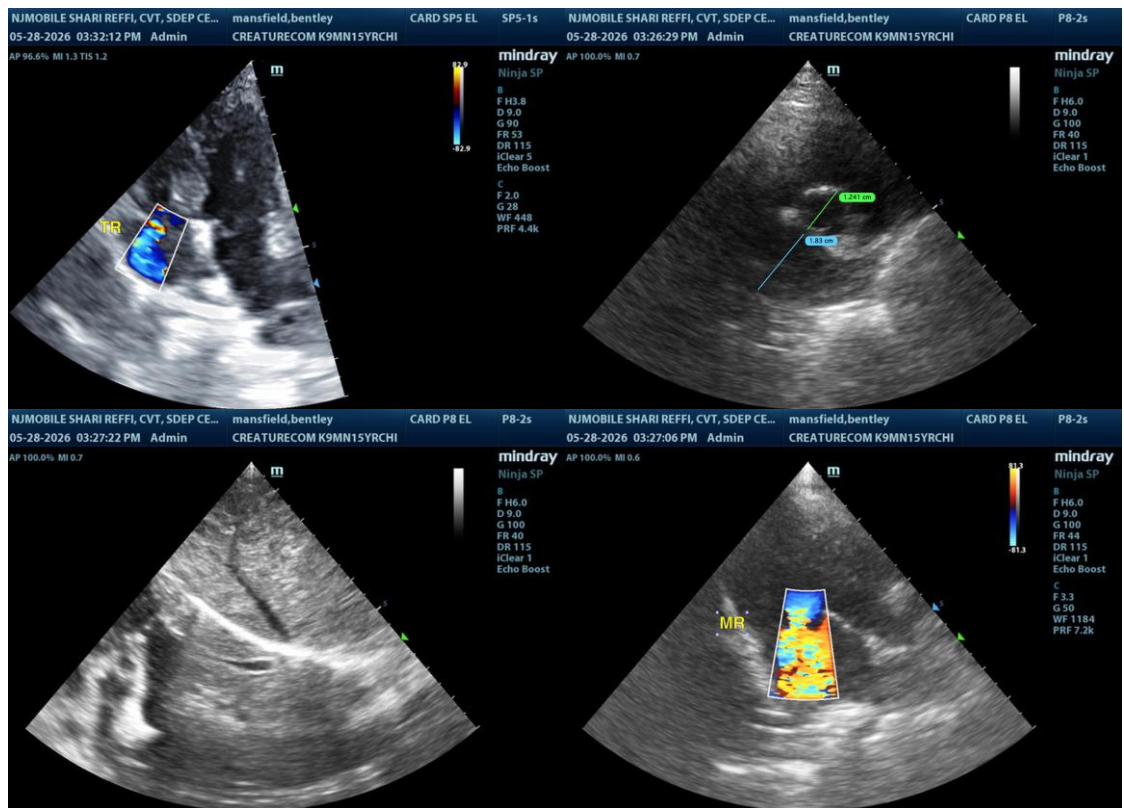
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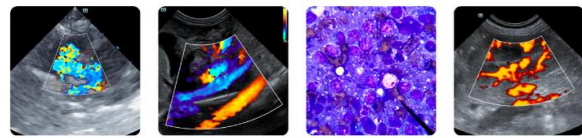
- Mild to moderate pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of left heart chamber enlargement indicates the current and future risk of complications secondary to MR is low. Clinical signs associated with left heart disease are not anticipated. If evidence of exercise intolerance, coughing, etc., emerging clinical hypertension is of concern. Correlation with reported seizure activity vs potential syncope indicated. Sildenafil trial 1-3mg/kg PO BID indicated if suspicion for clinical signs associated with pulmonary hypertension. Echocardiographic monitoring recommended as prognosis is variable. Recheck echo suggested in 6 months, sooner if clinically indicated or progressive signs suggestive of progressive pulmonary hypertension. Anesthetic risk is considered mild to possible moderate. If required, the following protocol is suggested with close clinical monitoring and judicious IV fluid use:

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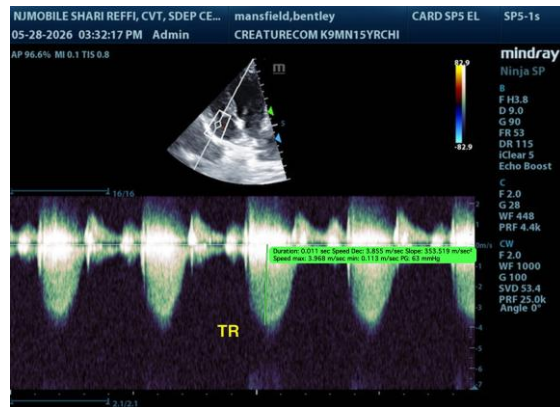
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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