



PATIENT

Sheldon Bowlby

PRESENTING CLINICAL SIGNS

Recheck mitral valve disease ACVIM B2-C. Vetmedin, lasix, benazepril.
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Cavalier King Charles
Spaniel

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	2.65	36	70	0.4
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	1.4	1.1	19.1	5.8	5.0	

SEX

MN

AGE

10Y

WEIGHT

19.1lbs

INTERPRETED BY

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

Cardiac Presentation

The echocardiogram in this patient demonstrated severe to progressive increased **left atrial** dimension with interatrial septal deviation on 2 different LA measurement methods. The cranial and caudal **mitral** valve thickening with septal leaflet prolapse. Doppler indicated significant eccentric MR. The **left ventricle** presented progressive increased internal dimension and sphericity compared to previous study. 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 thickening with valvular prolapse. TV insufficiency on Doppler measuring 4.0 m/s (estimated 64 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. Subjective early compensated hepatic congestion.

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Animal Hospital of Sussex
County

REFERRING VET

Dr. Lovell

INVOICE

75192

DATE

5-28-26

ULTRASONOGRAPHIC FINDINGS

- Progressive severe chronic mitral valve disease with left heart volume overload (ACVIM C).
- Tricuspid insufficiency - estimated pulmonary pressure gradient consistent with mild to moderate pulmonary hypertension.



PATIENT

Sheldon Bowlby

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

MN

AGE

10Y

WEIGHT

19.1lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Animal Hospital of Sussex County

REFERRING VET

Dr. Lovell

INVOICE

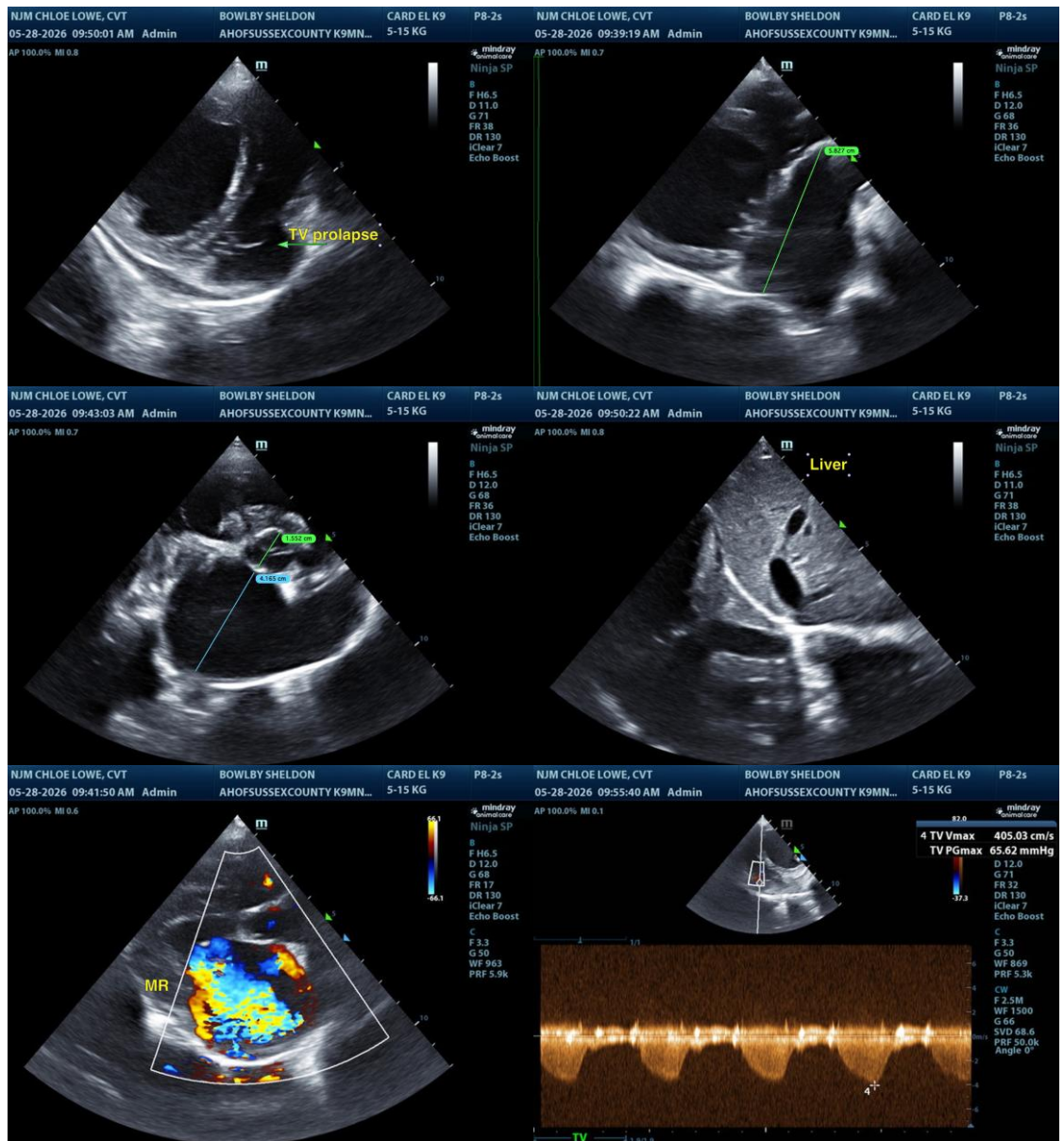
75192

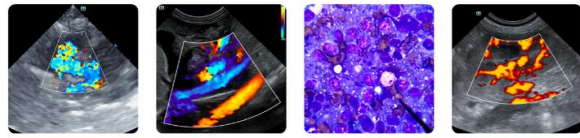
DATE

5-28-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Progressive increased left chamber enlargement compared to the previous study with some degree of measurement variability possible. If patient is nonclinical, continued current triple therapy indicated. However, with evidence of progression, prognosis is severely guarded as this patient will remain at significantly increased risk for progressive to clinical congestive heart failure in addition to clinical signs associated with pulmonary hypertension. Monitoring of systemic BP, renal parameters given diuretic therapy, and ECG recommended. Monitoring of resting respiration rate going forward advised if increased resting respiration rate or evidence of left sided congestion. Lasix TID dosing would be indicated. Serial continued echocardiographic monitoring indicated with recheck echo suggested in 4-6 months, sooner if arising or progressive clinical signs. Elective anesthesia is not advised.





PATIENT

Sheldon Bowlby

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.

SPECIES

Canine

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.

BREED

Cavalier King Charles
Spaniel

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@sonopath.com

SEX

MN

AGE

10Y

WEIGHT

19.1lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Chloe Lowe, CVT

HOSPITAL NAME

Animal Hospital of Sussex
County

REFERRING VET

Dr. Lovell

INVOICE

75192

DATE

5-28-26