



PATIENT

Bentley Haupt

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

11Y, 11M

WEIGHT

12.2lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony Animal
 Hospital

REFERRING VET

Dr. Gwon

INVOICE

75549

DATE

6-17-26

PRESENTING CLINICAL SIGNS

Coughing, grade 3/6 heart murmur on L side. BCS 6/9.

Current Medications: Lasix, Vetmedin, Benazepril

Abnormal PE/Chem/CBC/UA Results: Elevated TGs; PLTs and EOS

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			--	1.54	35	67	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	120	1.0	0.7	12.2	2.6	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 mild to moderate eccentric MR. MR velocity 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 mild insufficiency on Doppler 2.5 m/s max. 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). Mild pulmonic valve insufficiency 1.7 m/s. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1)
- Tricuspid insufficiency - no evidence of clinical pulmonary hypertension.
- Mild pulmonic valve insufficiency - not hemodynamically significant.



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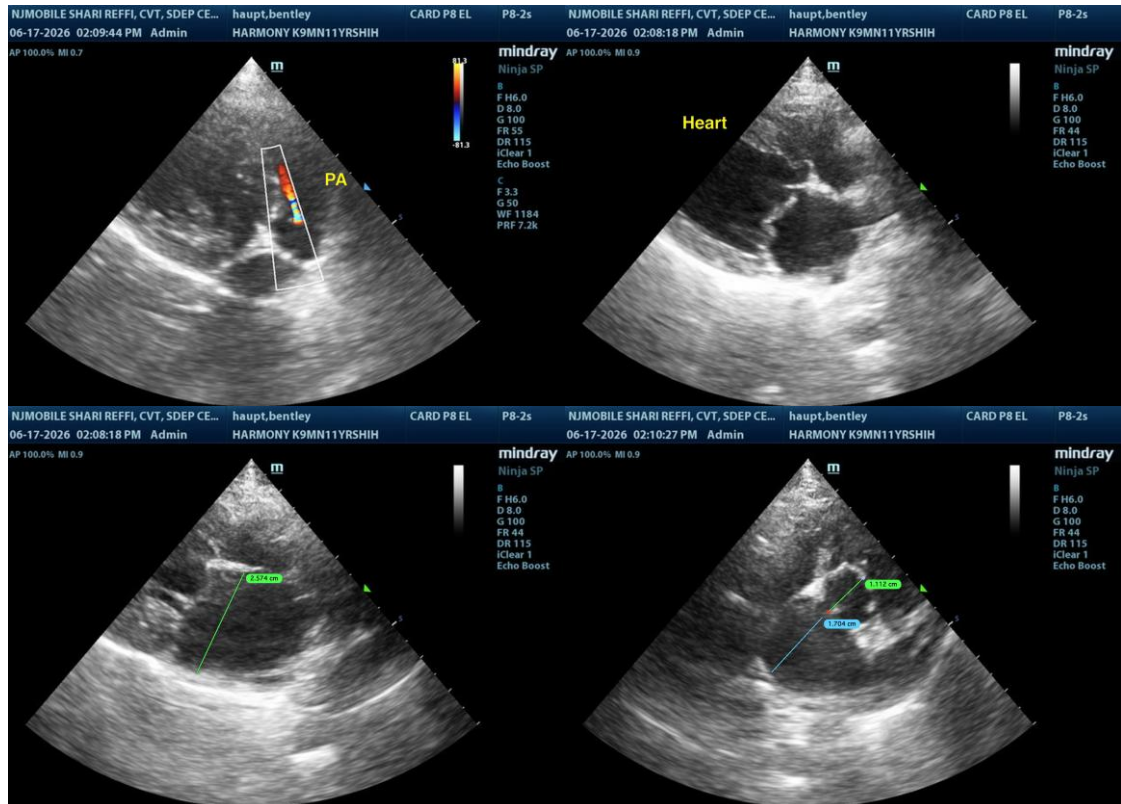
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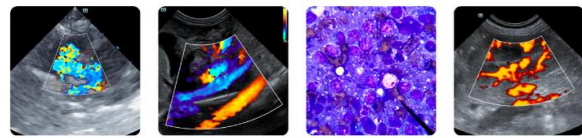
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA/LV enlargement indicates that the hemodynamic effects of the MR at this stage are relatively low and potential current and future risk of complication secondary to MR likewise appears low. No evidence of left sided congestive criteria or pulmonary hypertension. The coughing in this patient appears noncardiogenic in origin. No indication for cardiac medications given lack of left chamber enlargement or volume overload. Respiratory support indicated. Correlation with three-view chest radiographs to assess for radiographic evidence of pulmonary disease recommended. Cardiac prognosis is considered variable. Sonographic monitoring advised. Recheck echo recommended in 6 months, sooner if clinically indicated. Cardiac anesthetic risk is considered mild without overt contraindication.

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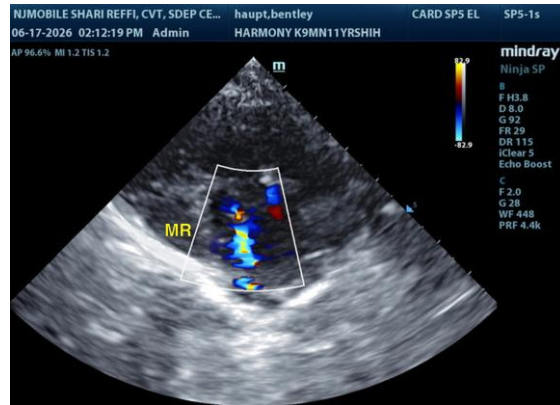
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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