



PATIENT PRESENTING CLINICAL SIGNS

Diego Garcia Abnormal EKG, x-ray showed enlarged heart. periodontal disease, AVDC stage 4, IVDD, No murmur noted. meds: Methocarbamol 500 mg 1/2 BID as needed, starting today Meloxidyl 1.5mg/ml, Clindamycin 75 mg 1BID, Vetmedin 25 mg 1/2 BID

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: WBC 3.97 L (4-16.53) Lym 0.70 Low (0.83-4.91) Mono .10 (.14-1.02) RBC 9.2 high (5.82-8.90) Ca 8.9 Low (9-12.2) Trig 213 high (30-130)

BREED

Daschund

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

NM

AGE

13 years, 3 months

WEIGHT

15 lbs.

INTERPRETED BY

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

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	-	-	-	1.3	36	67	0.3
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	NM	1.4	0.6	15 lbs.	2.6	3.1	-

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

All Animals Vet Service
NY

REFERRING VET

Dr. Acworth

INVOICE

11030

DATE

6/17/26

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 revealed minor to indistinct insufficiency. 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 adequate linear morphology. 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.



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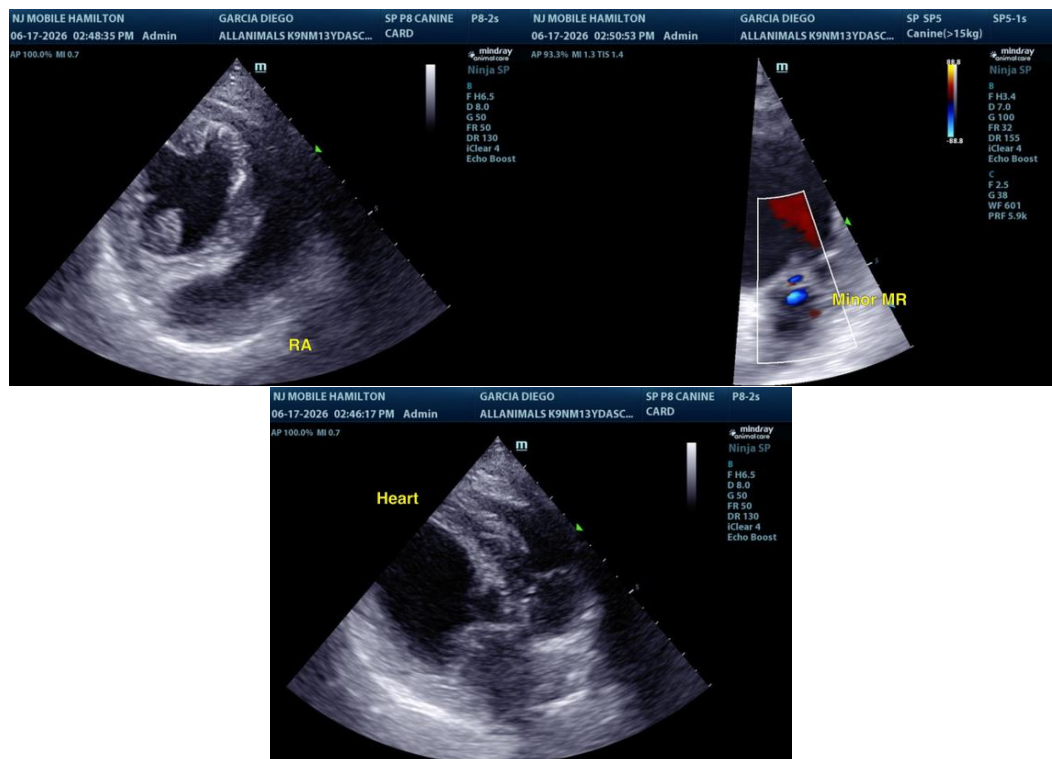
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function
- Minor compensated mitral valve insufficiency (B1)

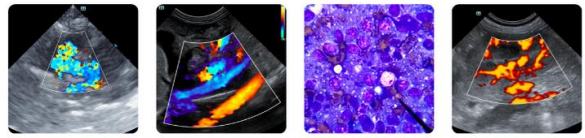
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, arrhythmia, or clinical pulmonary hypertension. The minor mitral valve insufficiency is of low hemodynamic significance and not likely to be audible at this stage. There is no indication for cardiac medications. Clinical and sonographic monitoring of the heart going forward is advised. Recheck echocardiogram is suggested in 6-12 months, sooner if an audible murmur arises or if clinically indicated. There are no cardiac anesthetic contraindications. If anesthesia is required, the following protocol is recommended.

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.



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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