

PATIENT

Tazz Bolton

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

13 yrs

WEIGHT

4.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney
 Creek

REFERRING VET

Salib

INVOICE

11029

DATE

6/17/26

PRESENTING CLINICAL SIGNS

Grade 4/6 heart murmur noted 4/18/2026 during annual healthy pet exam. O notes occasional coughing

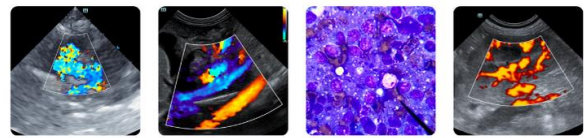
Current Medications -Gabapentin and Trazodone, will be fully sedate during U/S

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	5.5	2.5	-	1.5	40	74	0.2
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	95	1.0	0.8	4.9 kg	3.1	2.95	-

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased **left atrial** size based on 3 different LA measurement methods with mild interatrial septal deviation on LA MAX measurement. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated moderate eccentric MR (MR velocity 5.5 m/s). The **left ventricle** presented mild increased LV dimension. 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 thickening with tricuspid insufficiency on Doppler (measured TR velocity 2.5 m/s). 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 was noted.



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ULTRASONOGRAPHIC FINDINGS

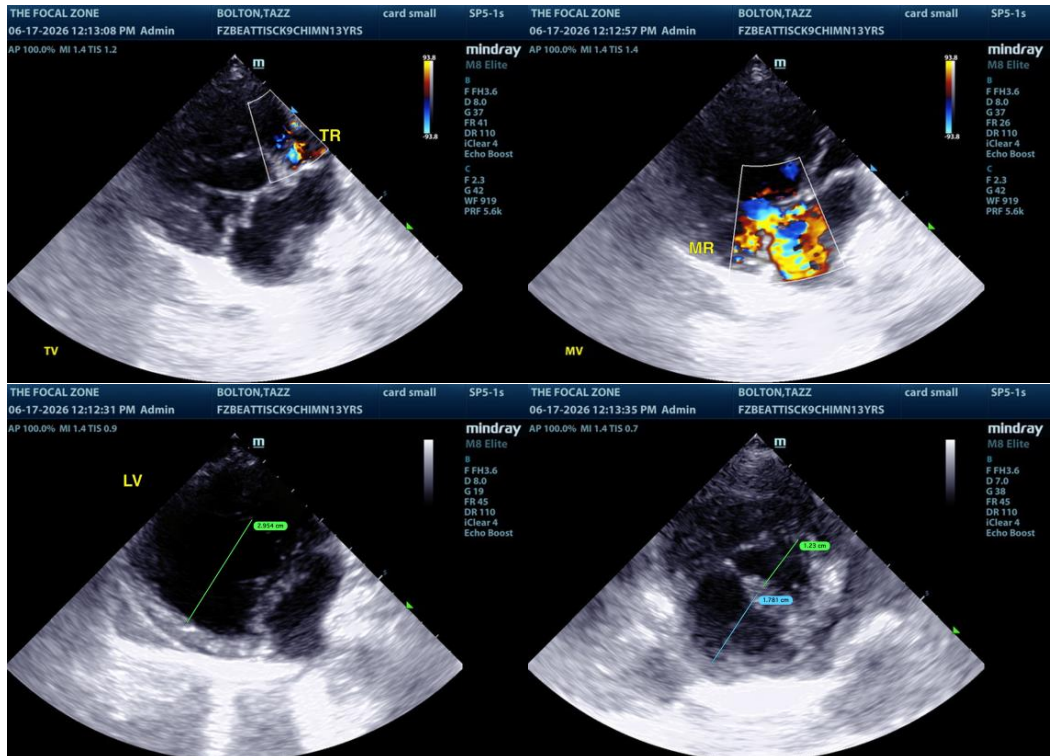
- Chronic mitral valve disease (B2)
- Tricuspid insufficiency – no evidence of clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The left atrial enlargement implies that the risk of complications secondary to mitral valve insufficiency is elevated, yet overall the heart appears stable. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension. Pimobendan 0.3 mg/kg BID is recommended. No overt indication for additional medication. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise.

Anesthetic risk is considered moderate yet possibly mildly reduced once on Pimobendan for 3-5 days. If required, the following protocol is suggested with clinical monitoring, judicious IV fluid administration and appropriate to limited anesthetic time.

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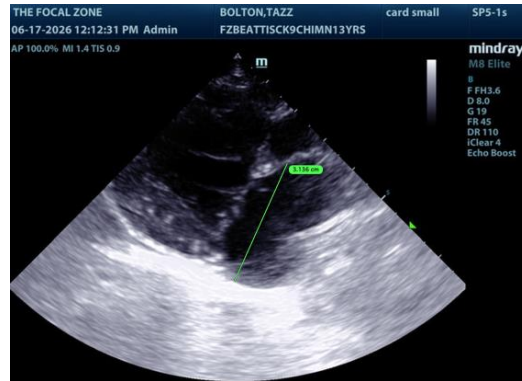
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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

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