



PATIENT

Riley Cohen

SPECIES

Canine

BREED

Miniature Pinscher Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

Pending

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Chester AH

REFERRING VET

Dr. Migliaccio

INVOICE

35364

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Echo for dental anesthesia. Prior echo 5/9/25. Grade 5/6 bilat systolic Pimobendan 4.8mg/ml, 0.3ml BID.

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	5.81	2.63	NM	1.8	43	76	NM
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	--	1.99	1.10	NM	3.1	2.69	--

E-wave velocity: 1.2

Cardiac Presentation

Prolapse of the anterior mitral valve leaflet was noted. Mitral and tricuspid insufficiency were noted. Moderate filling of the left atrium was noted on colon flow assessment. Arrhythmogenic activity was noted. EKG is indicated. Left atrial and left ventricular diameters have improved compared to the prior sonogram on the current medication. The right atrium, right ventricle, pericardium, and pleural space were all unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Improved cardiac volume with stage B-2 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do recommend refinement of therapy, adding an Ace Inhibitor at a dose of 0.5 mg/kg SID, progressing to BID, and spironolactone at a dose of 1.0 -2.0 mg/kg SID, as residual left atrial enlargement is present. EKG is indicated. BUN, creatinine, and blood pressures are all indicated. There is mild anesthetic risk in this patient yet significantly improved from the prior sonogram. Torbutrol (premed), propofol (induction), and isoflurane (maintenance) with minimal anesthetic time would be appropriate if anesthesia is necessary, given that the mitral valve prolapse is significant.



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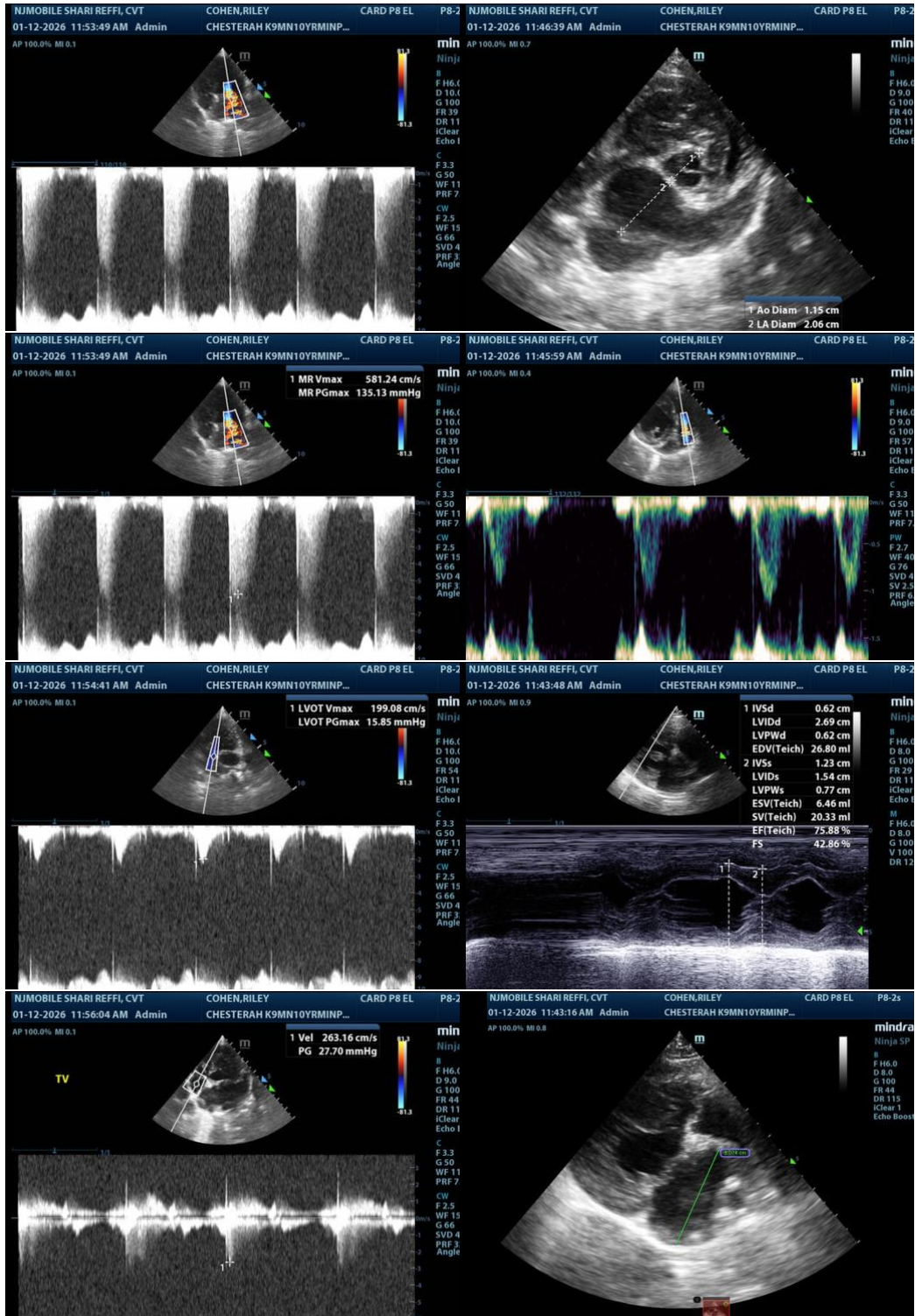
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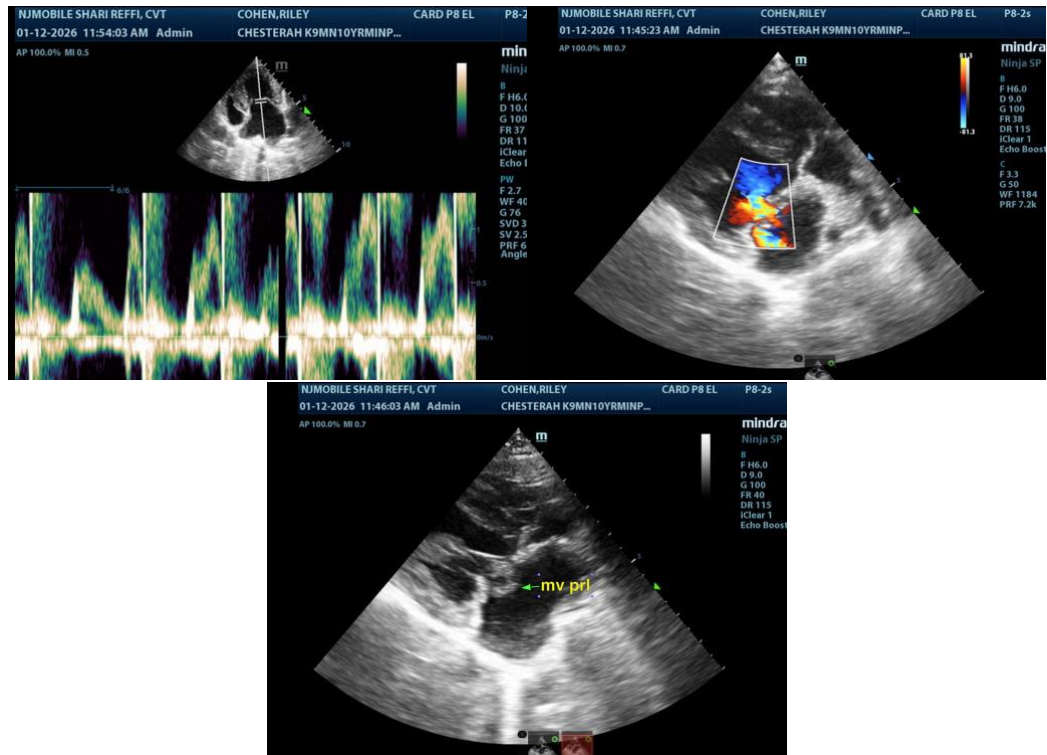
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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