



PATIENT

Andre Myers

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered male

AGE

12 ½ years

WEIGHT

14.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

70111

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Heart murmur 3-4/6. Echo prior to anesthesia

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated slightly enlarged **left atrium** with minor deviation of the atrial septum with mild volume overload of the **left ventricle**. The cranial and caudal **mitral valve** leaflets presented vegetative thickening consistent with endocardiosis. Complete filling of the left atrium was noted. Doppler indicated measurable insufficiency. **Contractility** was adequate. 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 infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.5	2.0	1.4	1.9	46	79	0.15
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	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	BELOW	BELOW	BELOW	BELOW
PATIENT	130	1.4	1.0	14.2 lbs	2.7	3.17	

ULTRASONOGRAPHIC FINDINGS

Early stage B2 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend initiating Pimobendan at 0.3 mg/kg b.i.d. ensuring that no systemic hypertension is present prior to anesthesia. Anesthetic risk is minor; however, I recommend a week of therapy prior to anesthetic procedure unless the procedure is urgent. Torbutrol premed, Propofol induction and



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Isoflurane maintenance is recommended.

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The heart has minor volume overload and is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating or adjusting therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 3-6 months, earlier if clinical decompensation is occurring. Minor anesthetic risk for a brief procedure at this time. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary. A suggested anesthetic combination would involve Torbutrol premed, propofol induction, Isoflurane maintenance or equivalent protocol.

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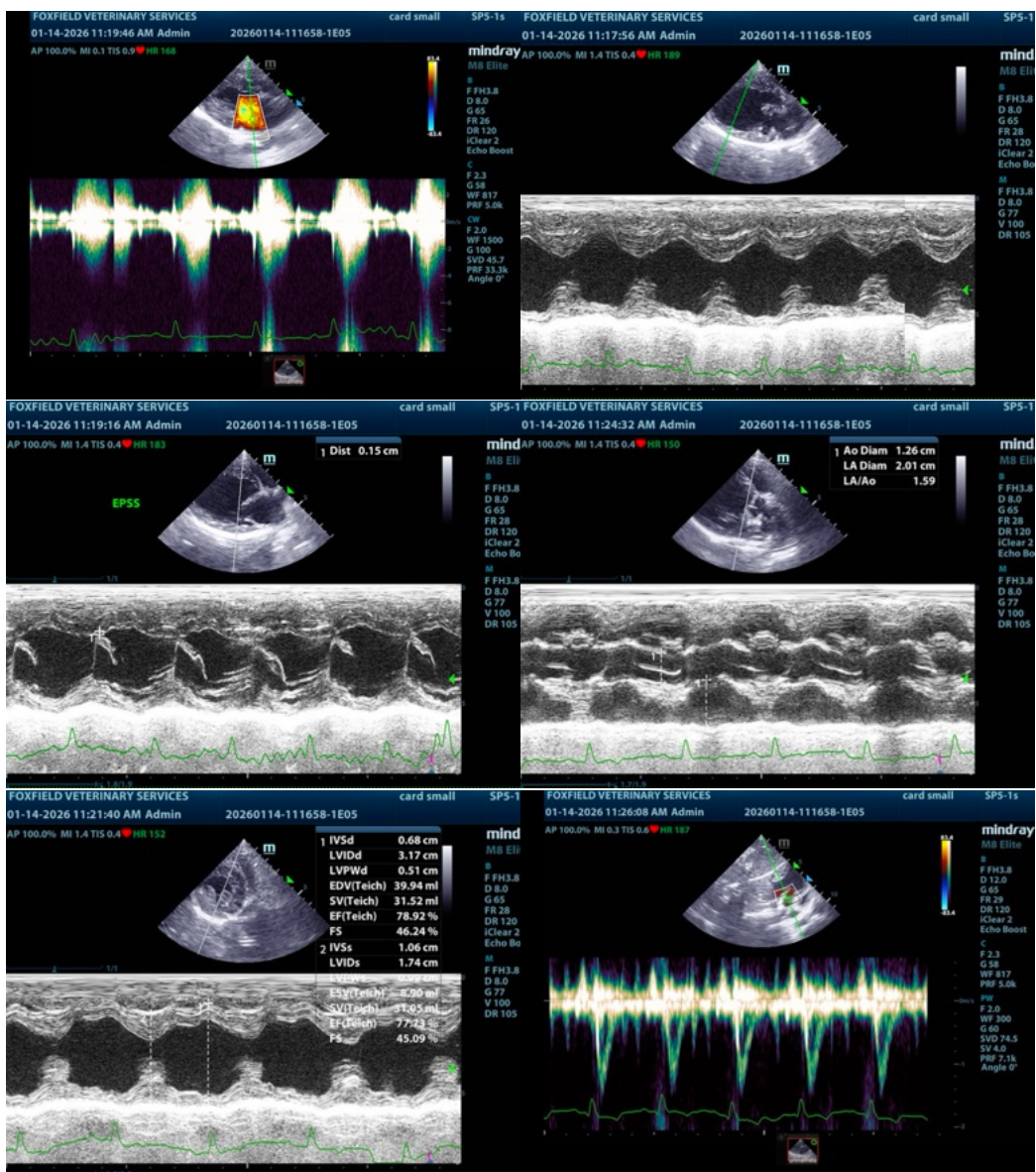
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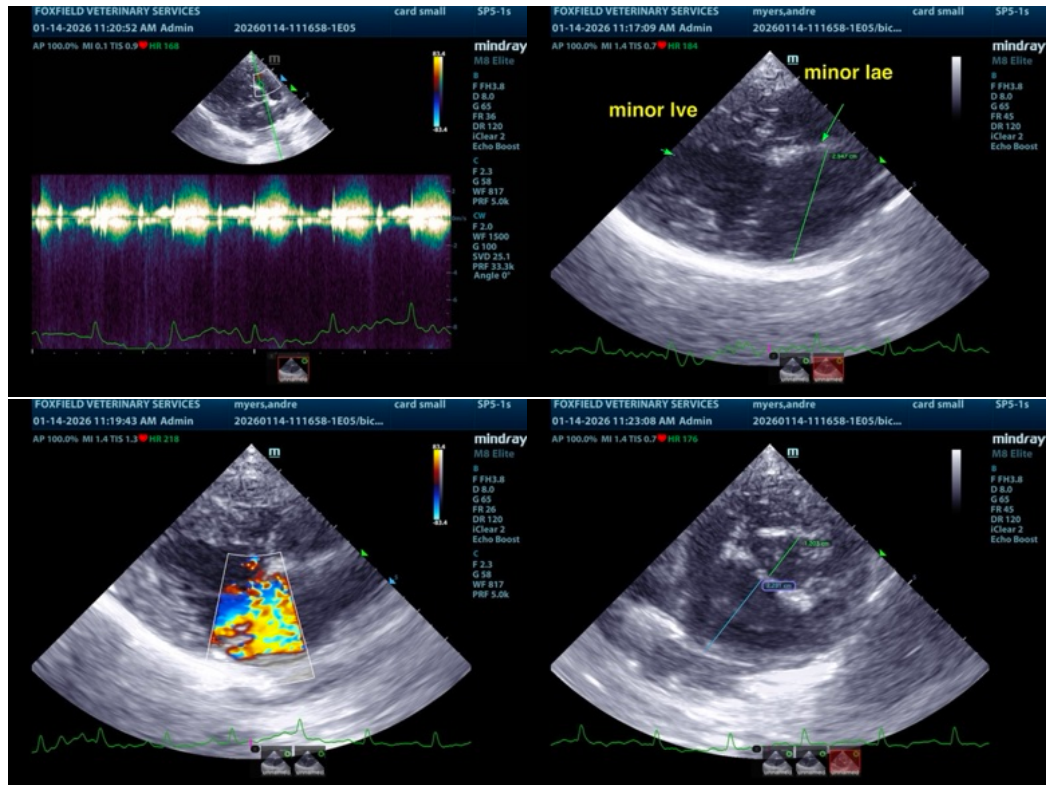
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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