



PATIENT

Cali Milleli

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

11 Years 1 Month

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carla

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

35562

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- Recheck Echo
- 11/2025: Grade 3/6 murmur, precordial thrill (increased intensely)
- Medications: Torbugesic 10mg/ml - Administered 0.11 ml IV for scan, Pimobendan 1.5mg/ml - GIVE 0.6ML ORALLY EVERY 12 HOURS. (2 TIME(S) DAILY), Zenrelia 4.8mg - Give 1/2 of a tablet by mouth every 24 hours (once daily).

Abnormal PE/Chem/CBC/UA Results: 8/15/26: Echo report: Chronic degenerative valve disease causing moderate mitral regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication; however, risk for progression to spontaneous congestive heart failure in the future is elevated. No additional structural issues are identified. No additional issues are seen. Assessment of progression is recommended, with a guarded prognosis going forward (stage B2). Patient may be at risk for development of CHF, arrhythmias, and/or sudden death going forward. 1/23/26: Doppler BP = 105

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	6.0	2.8	1.5	2.0	50	80	0.1
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	1.60	1.20	7.6 lbs	3.2	2.9	--

**Heart rate was variable.

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements, Chamber volumes and echogenicity were normal. Prolapse of the anterior mitral valve leaflet was noted. Doppler indicated measurable 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



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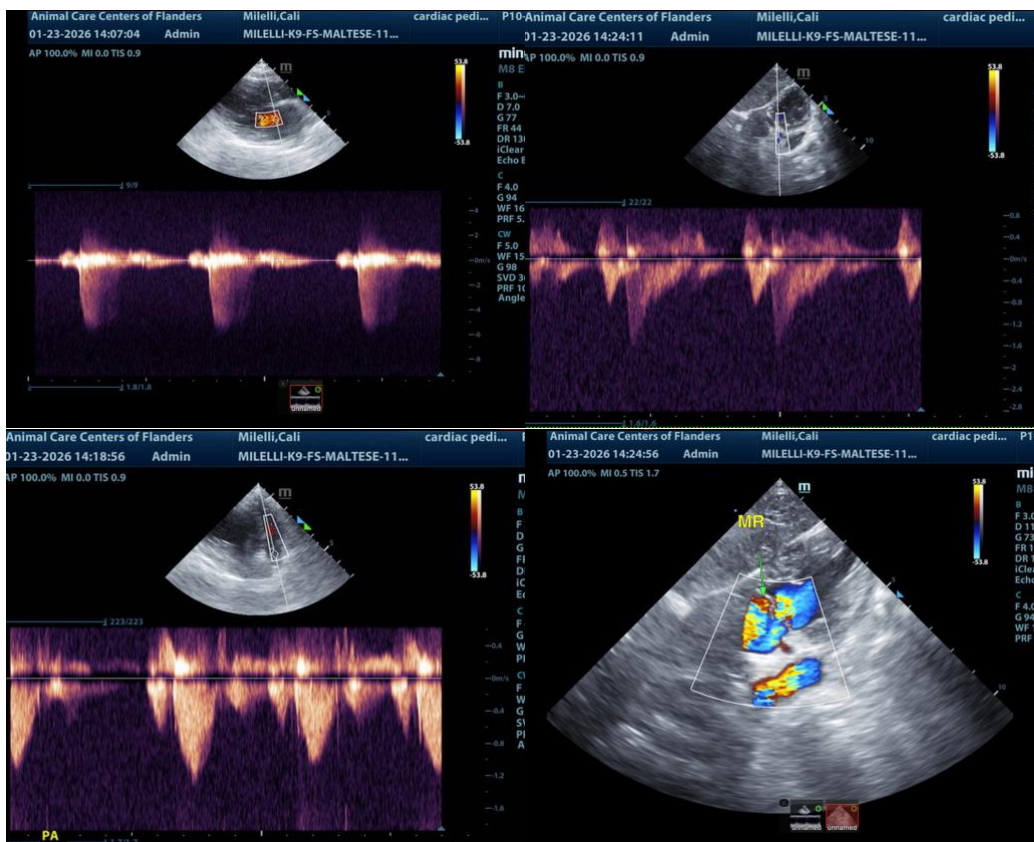
ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow 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** insufficiency was noted. 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.

ULTRASONOGRAPHIC FINDINGS

- Stage B-2 valvular disease with mild to moderate residual volume overload.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continuation of pimobendan is indicated at a dose of 0.3 mg/kg BID. ACE inhibitor is recommended at a dose of 0.5 mg/kg SID, progressing to BID. Spironolactone is recommended at a dose of 1-2 mg/kg SID.





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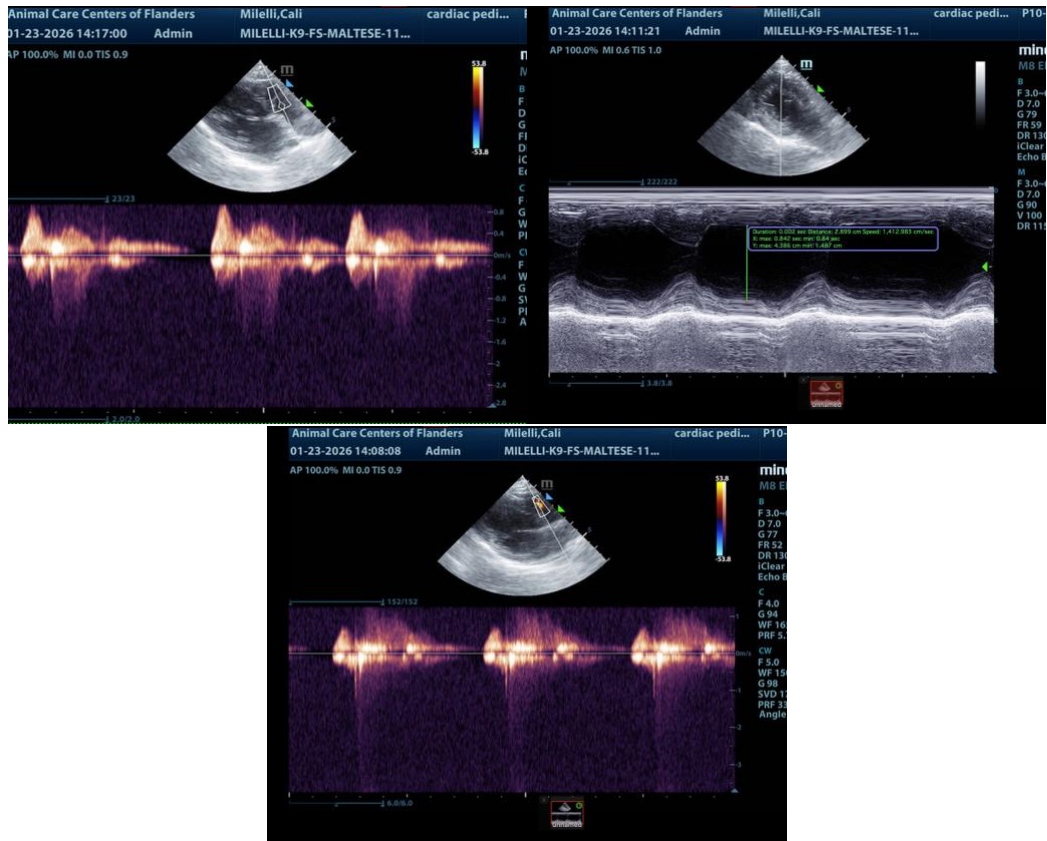
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com