



## PATIENT

Nina Prada

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Spayed female

## AGE

10 years

## WEIGHT

10.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Arun Kutagulla

## HOSPITAL NAME

Union Park AH

## REFERRING VET

Dr. Kutagulla

## INVOICE

70925

## DATE

1/26/26

## PRESENTING CLINICAL SIGNS

- Pet is presented for coughing a lot and syncopal episodes. Owner showed video where pet has increased respiratory rate while sleeping (resting RR). Pet was diagnosed with Heart murmur in december and was put on vetmedin and cardalis.
- On PE pet has tachycardia, heart murmur grade-5/6 heard left and right apex, tachypnea, normal temperature, normal pulse, soft abdominal palpation. no cough on tracheal palpation. Radiographs taken in December 2025 reveal cardiomegaly and Bronchial pattern on caudal lung lobes but no VD view was available.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. 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 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 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	-	-	2.0	2.2	55	80	0.1
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	120		0.6	10.2 lbs	3.35	3.1	



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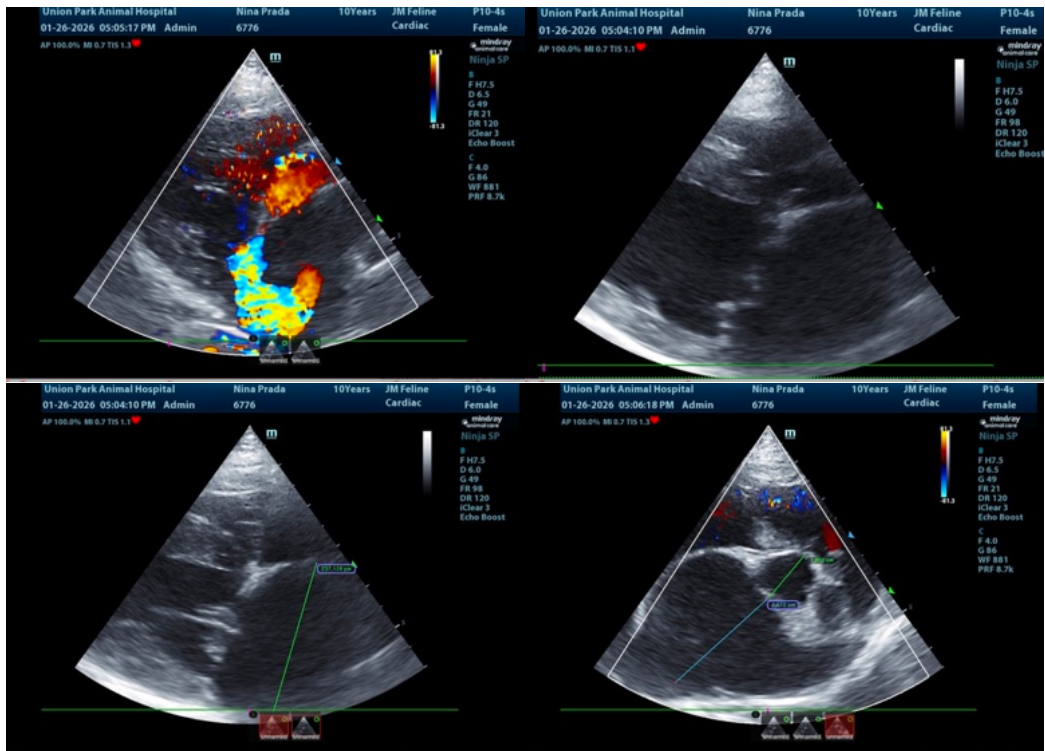
**ULTRASONOGRAPHIC FINDINGS**

Mitral insufficiency.

B2+-C1 valvular disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the clinical signs I recommend treating this patient as C1 valvular disease with ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d., Pimobendan at 0.3 mg/kg b.i.d., Lasix at 2-3 mg/kg b.i.d. and Spironolactone at 1- mg/kg s.i.d. Monitoring BUN, creatinine, blood pressure measurements and resting respiratory rate is all recommended. EKG is also warranted.





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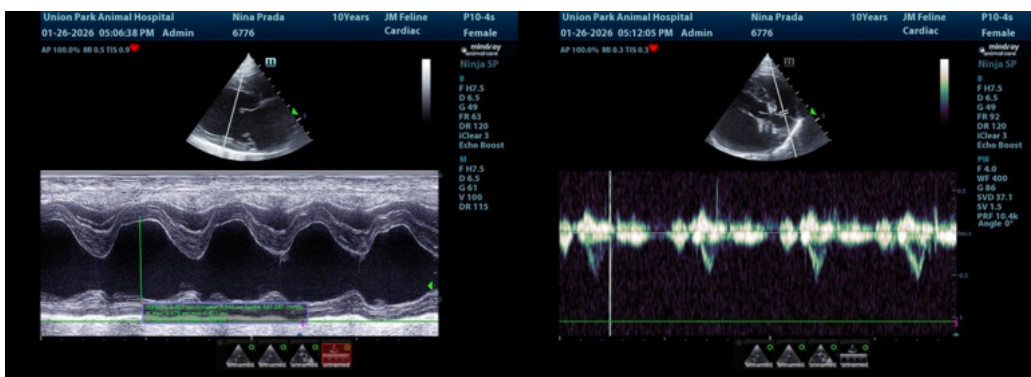
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)