



PATIENT

PJ Moyer

SPECIES

Canine

BREED

Cavapoo

SEX

Neutered male

AGE

10 years

WEIGHT

20.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Carpenter

INVOICE

69869

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Not sedated. PJ Moyer is a 10.8 yr old male neutered Cavapoo diagnosed with chronic mitral valve disease, stage B2 plus to C, with tricuspid valve and aortic insufficiency. Patient does not have clinical signs associated with pulmonary hypertension at this time. Heart murmur Grd IV-V L and R systolic murmur. Mild increased respiratory effort (stable for the last year). RR 32 on exam today. Occasional cough noted by owner. Current meds: Pimobendan 2.5 mg PO BID, Thyrosyn 0.2 mg PO BID, Spironolactone 12.5 mg PO BID, Furosemide 10 mg PO SID, Enalapril 5 mg PO BID, and Carprofen PRN joint pain. His blood pressure was 148 mmHg systolic today.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **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. Prolapse of the anterior mitral valve leaflet was noted. The **left ventricle** presented normal 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. **Aortic insufficiency** was noted. 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	6.11	3.26	2.1	2.3	47	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	-	1.9	-	20.4 lbs	3.5	3.75	



PATIENT

PJ Moyer

SPECIES

Canine

BREED

Cavapoo

SEX

Neutered male

AGE

10 years

WEIGHT

20.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Carpenter

INVOICE

69869

DATE

1/6/26

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency with early pulmonary hypertension.

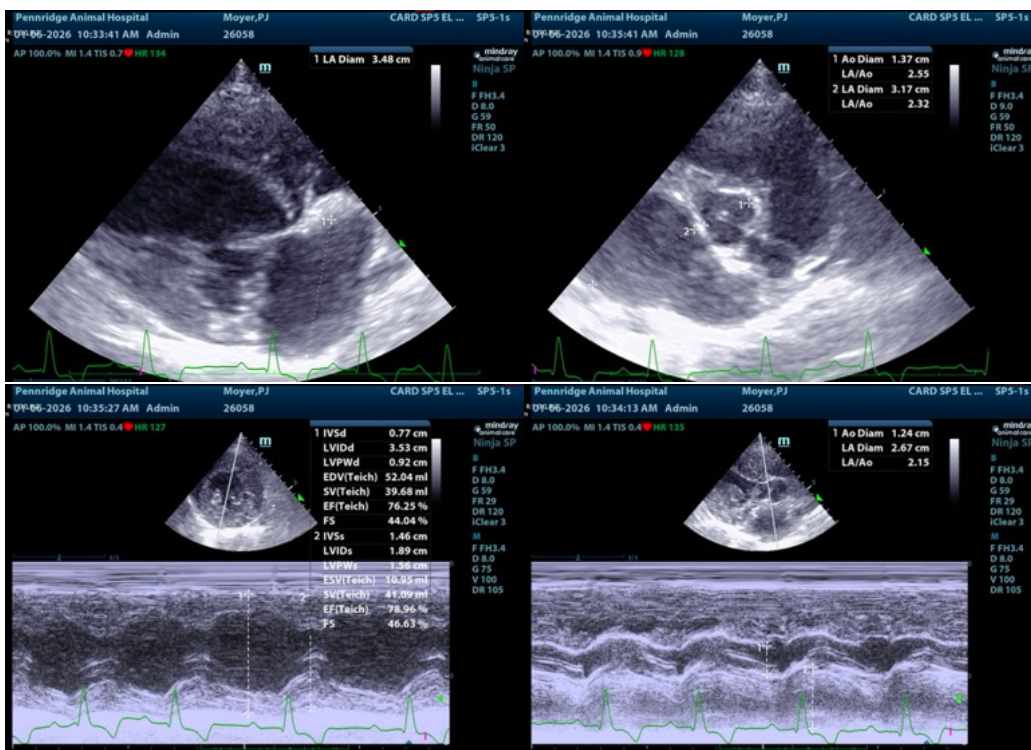
Mild residual left atrial enlargement.

Aortic insufficiency.

Somewhat compensated stage C1 valvular disease with pulmonary hypertension, yet not likely necessary to clinically treat the hypertension at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considering the pathology and current therapeutic protocol, this is fairly compensated valvular disease. I recommend monitoring BUN, creatinine and blood pressure measurements. Given that the systolic pressure is < 160, I do not recommend any overt change in the current protocol. If any coughing is occurring then I recommend increasing Furosemide dosing. Recheck echocardiogram is recommended in 6 months or earlier if clinical signs initiate. The clinical signs of pulmonary hypertension would primarily be exercise intolerance and cyanosis upon exertion.





PATIENT

PJ Moyer

SPECIES

Canine

BREED

Cavapoo

SEX

Neutered male

AGE

10 years

WEIGHT

20.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

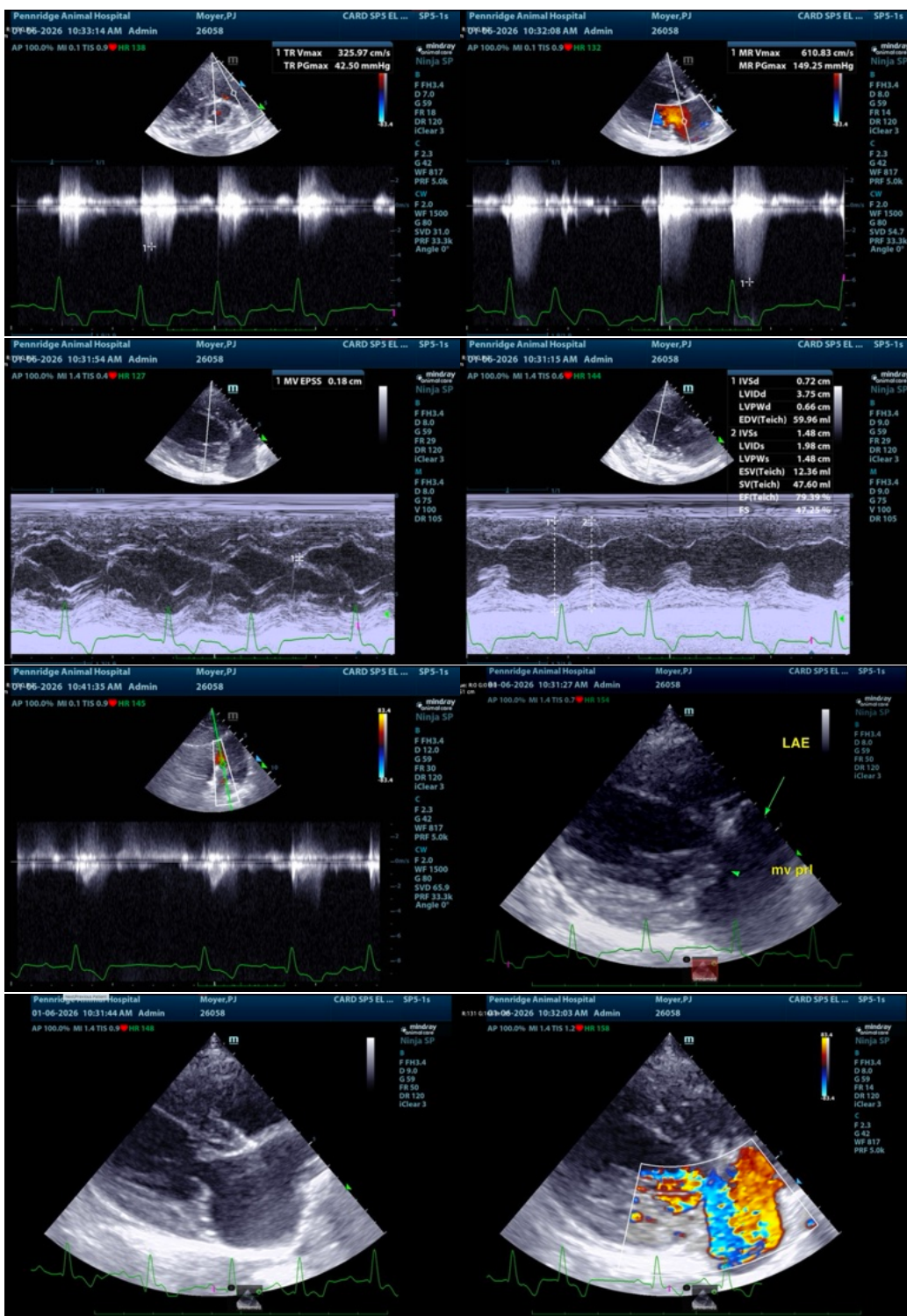
Dr. Carpenter

INVOICE

69869

DATE

1/6/26





PATIENT

PJ Moyer

SPECIES

Canine

BREED

Cavapoo

SEX

Neutered male

AGE

10 years

WEIGHT

20.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

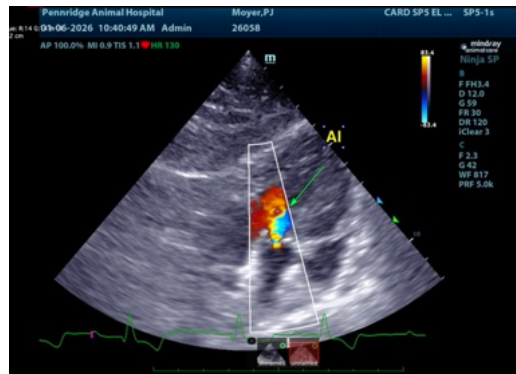
Dr. Carpenter

INVOICE

69869

DATE

1/6/26



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