



PATIENT

Ice Cline

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

10.14 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jolee Stegemoller,
DVM

HOSPITAL NAME

North Idaho AH

REFERRING VET

Jolee Stegemoller,
DVM

INVOICE

35473

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Historic, chronic cough, but new heart murmur ausculted prior to scheduled dental procedure. Abnormal PE/Chem/CBC/UA Results: BCS 7/9 Grade 4/6 left systolic murmur HR 120 No abdominal respiratory effort when breathing and minimal coughing. Attached Antech Radiology Report. Patient is taking pimobendan, hydrocodone PRN, meloxicam, and gabapentin.

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	5.68	2.0	1.4	1.3	37	71	0.1
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	70	1.21		--	2.7	2.08	--

Cardiac Presentation

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** 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. No evidence of hepatic vein dilation was noted.



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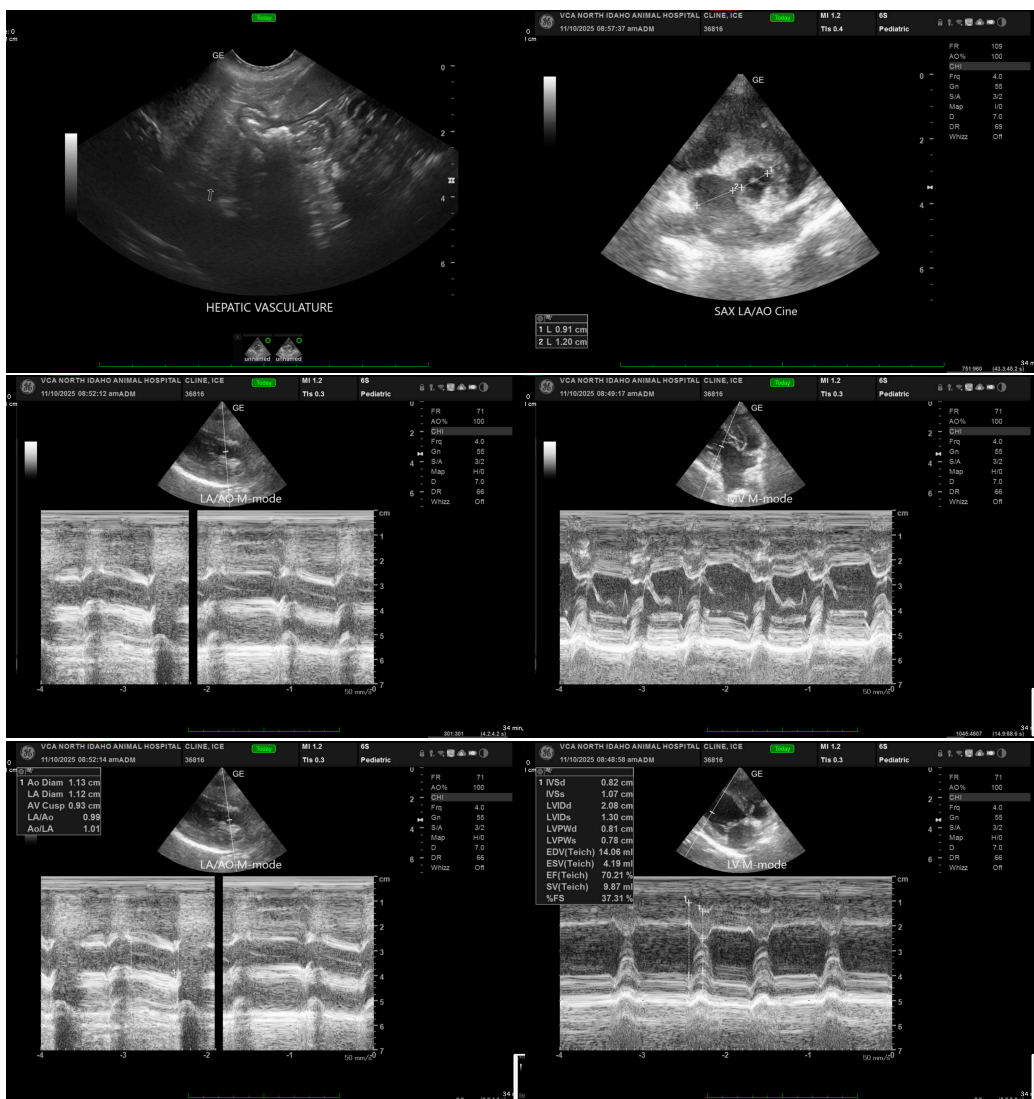
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ULTRASONOGRAPHIC FINDINGS

- Compensated valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cough is noncardiogenic at this time, as no significant volume overload is present. Recommend continuing current cardiac protocol. Primary respiratory management is recommended based on radiographic findings, i.e., chondromalacia.





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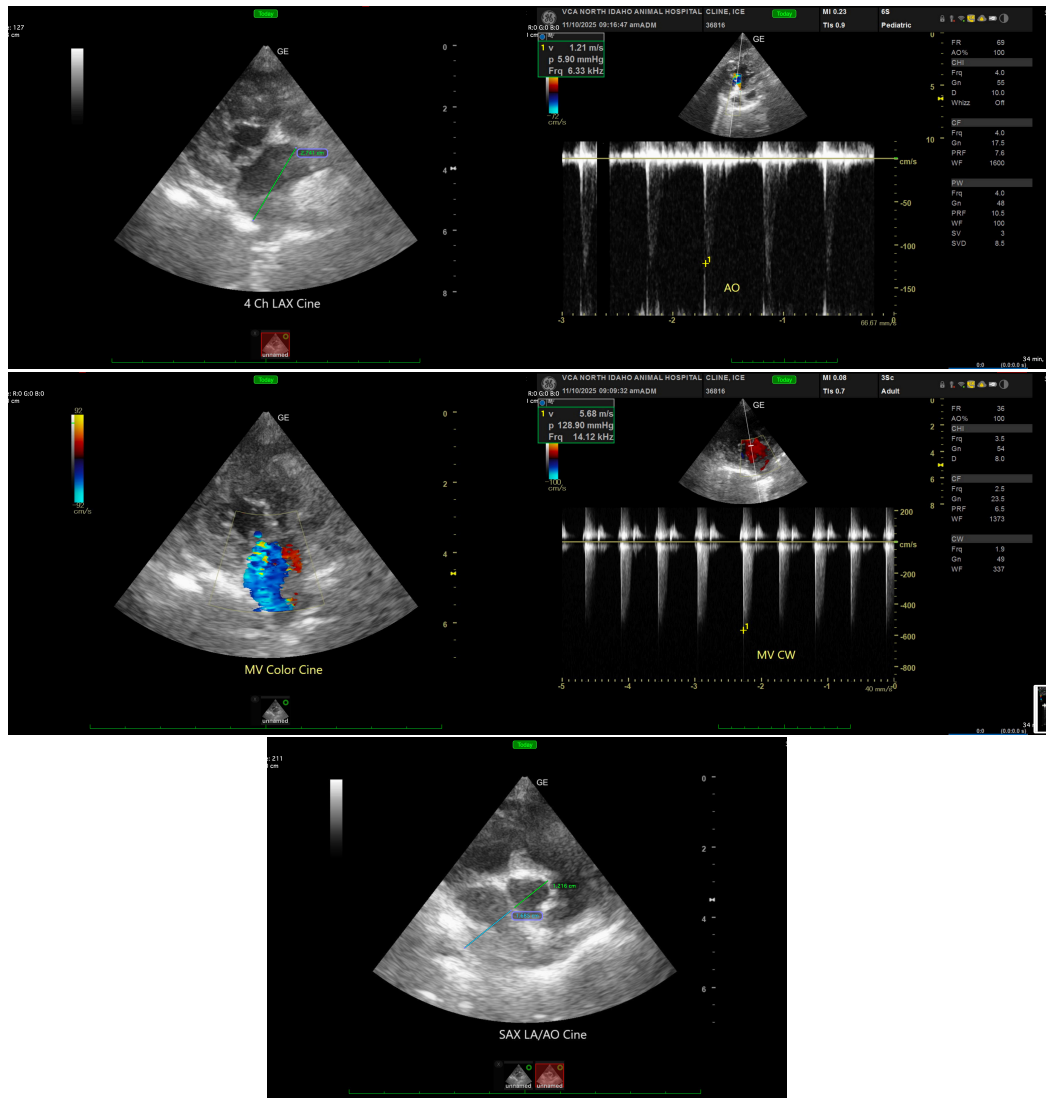
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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