



PATIENT

Charlie Read

SPECIES

Canine

BREED

Chinese Crested Mix

SEX

Neutered male

AGE

10 years

WEIGHT

21.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul Chani

INVOICE

68566

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: -Grade 3 murmur -Coughing started recently per owner Current meds- Cyclosporine 25mg-BID & Fluconazole 50mg- SID

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. Prolapse of anterior mitral valve leaflet was noted. Doppler indicated measurable insufficiency. The **left ventricle** presented severe volume overload with inadequate contractility for this type of pathology. 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). Pulmonary edema lines were noted. Periodic arrhythmia was noted. The hepatic veins were dilated.

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		NM	2.8	55	86	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		21.2 lbs	4.7	4.32	

ULTRASONOGRAPHIC FINDINGS

- Stage C1 valvular disease with potential emerging myocardial insufficiency.
- Dilated hepatic veins, early pulmonary hypertension is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend quadrotherapy in this patient with Pimobendan at 0.3 mg/kg b.i.d., Lasix at 2-3 mg/kg b.i.d.,



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ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg s.i.d. Monitoring BUN, creatinine, urine specific gravity, blood pressure measurements and EKG are recommended. Cough suppressants such as Hycodan can be utilized as well. Prognosis is guarded.

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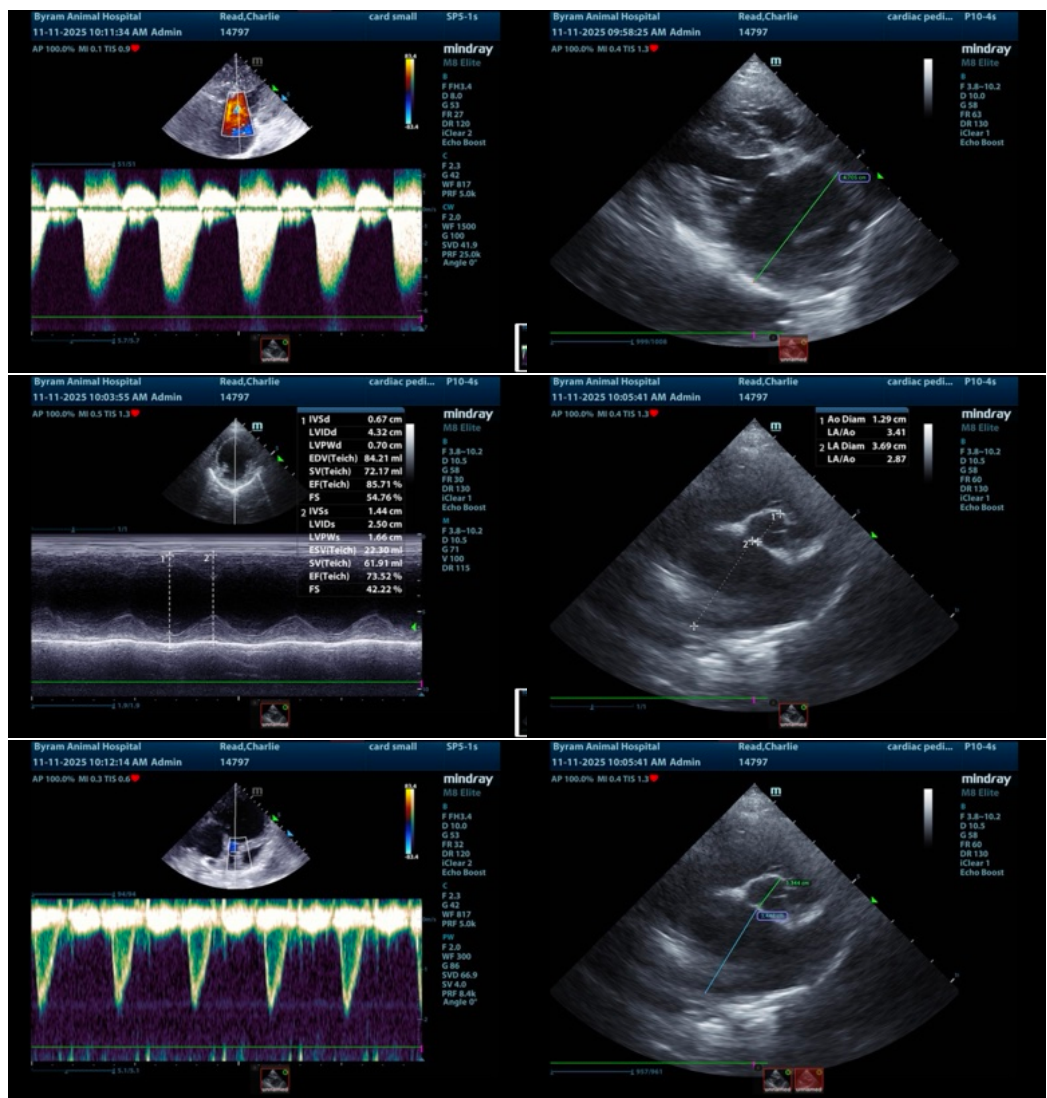
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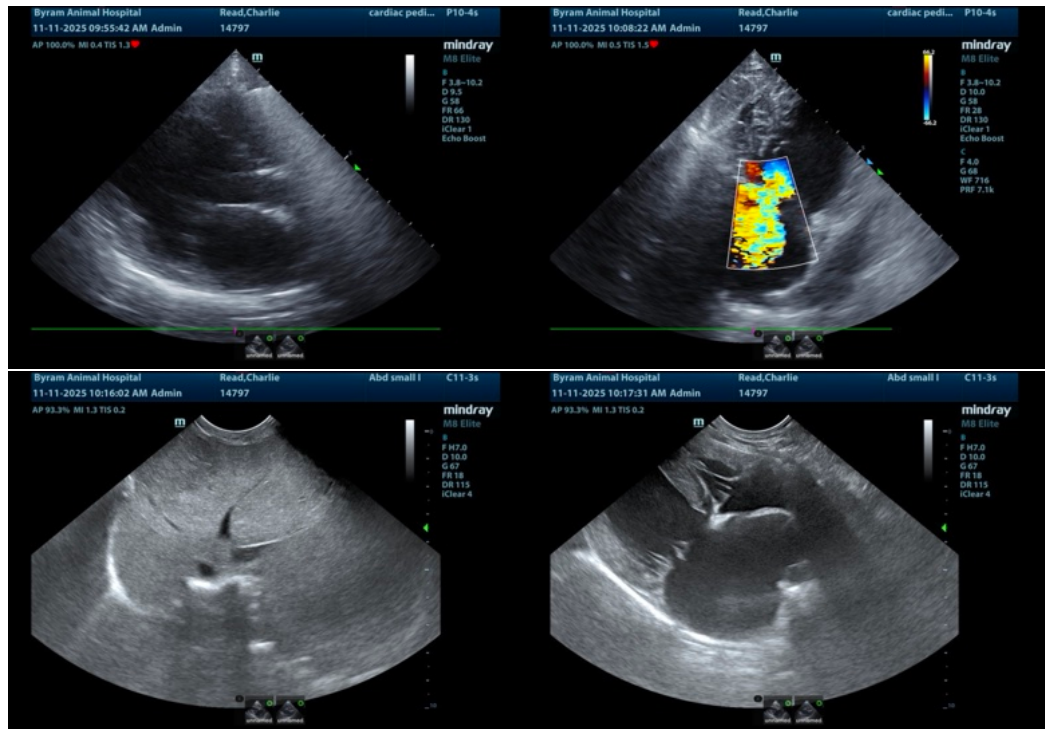
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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