

PATIENT

Leia Cambuzzi

SPECIES

Canine

BREED

Border Collie Cross

SEX

Spayed female

AGE

11 years

WEIGHT

22.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kaitlyn Varga

HOSPITAL NAME

Shuswap VC

REFERRING VET

Dr. Sheriton Smith

INVOICE

68849

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Previously diagnosed with Stage B2+ mitral valve disease. Clinically doing OK. started on Pimobendan 0.3mg/kg PO q12hrs. Slight weight loss (2lbs) since last exam.
Abnormal PE/Chem/CBC/UA Results: Grade 4-5/6 holosystolic murmur, PMI left apex. August 2025 bloodwork- mild elevation ALP, otherwise unremarkable senior bloodwork. VHS previously measures 11, VLAS= 1.6, prior to starting Pimobendan. Did not repeat thoracic radiographs during repeat echo.

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. 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. 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	-	-	1.5	>2.0	40	80	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	80	1.2	0.5	22.4 kg	4.4	4.0	



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ULTRASONOGRAPHIC FINDINGS

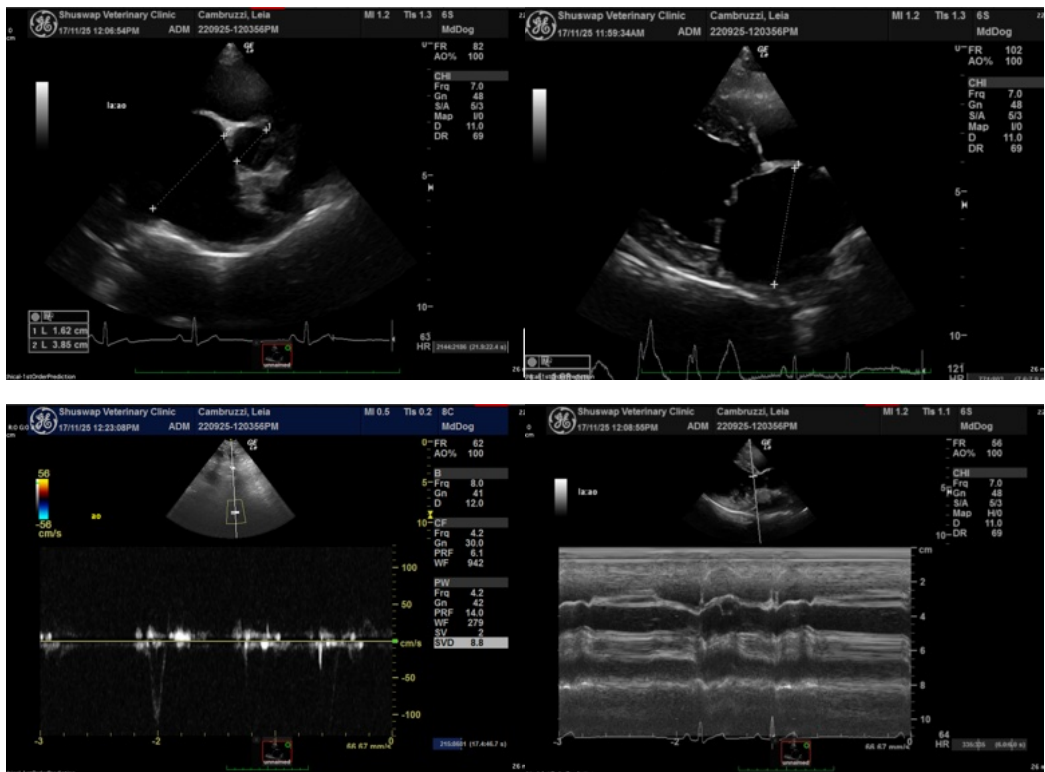
Mitral insufficiency.

Left atrial enlargement.

B2+ with mild, persistent volume overload of the left atrium.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adding to the current Pimobendan protocol an ace inhibitor at 0.5 mg/kg s.i.d. progressing to bi.d. and Spironolactone at 1-2 mg/kg s.i.d. A recheck echocardiogram is recommended in 6 months or earlier if the murmur grade increases or clinical signs initiate.



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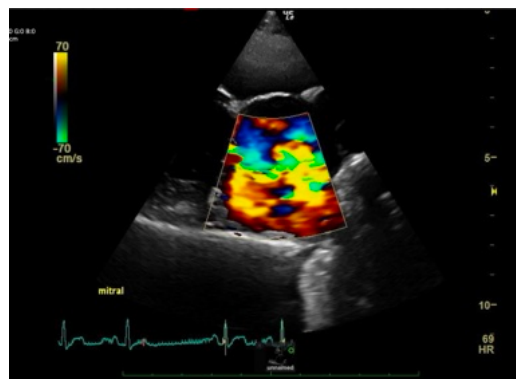
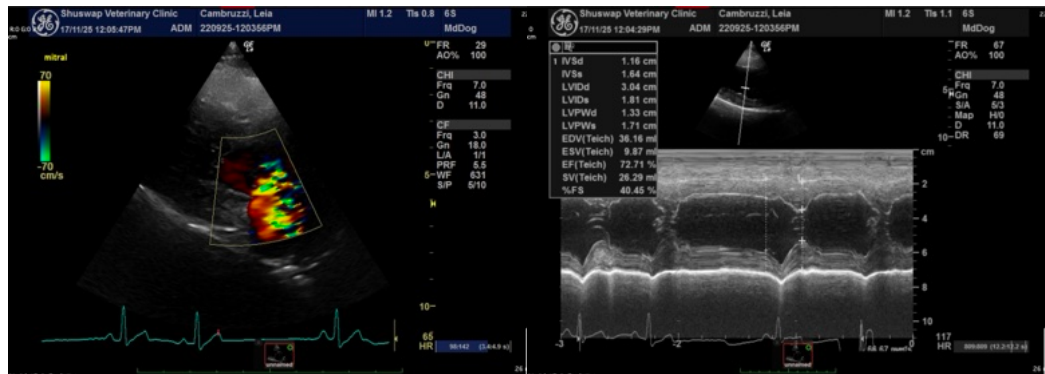
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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