



PATIENT

Abby Mauldin

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

11 Years

WEIGHT

40

INTERPRETED BY

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

IMAGING PERFORMED BY

Bill McGee, DVM,
DABVP

HOSPITAL NAME

Bridgeport Animal
Hospital, PLLC

REFERRING VET

Bill McGee, DVM,
DABVP

INVOICE

72202

DATE

11/29/25

PRESENTING CLINICAL SIGNS

Abby has a history of dietary indiscretion and was seen for vomiting and coughing on 11/19/25 after a double meal and two hamburgers and their wrappers. A diagnosis of gastroenteric upset with possible mild aspiration or throat irritation was made. She was not improved and was coughing more at a recheck with another veterinarian on 11/24/25 when she was started on carprofen, cefodoxime and cough tabs. On 11/28/25 she presented in respiratory distress with severe pulmonary edema and dehydration. IV fluid therapy along with large boluses of furosemide and furosemide CRI has resolved the crisis and she is breathing and resting much easier. There is now a grade 3 systolic murmur that was not heard on the last 2 visits. She is being transitioned to oral furosemide and pimobendan

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	5.0	3.0	1.4	1.8	--	--	0.88
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	--	1.0	0.6	40	5.6	4.43	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The **left ventricle** was moderately dilated. **Contractility** was slightly subnormal for this type of volume overload, non-compensatory. The ventricular septum appeared adequately contractile, yet the ventricular free wall was flattened and hypokinetic. 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). Arrhythmogenic activity noted. 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.

ULTRASONOGRAPHIC FINDINGS



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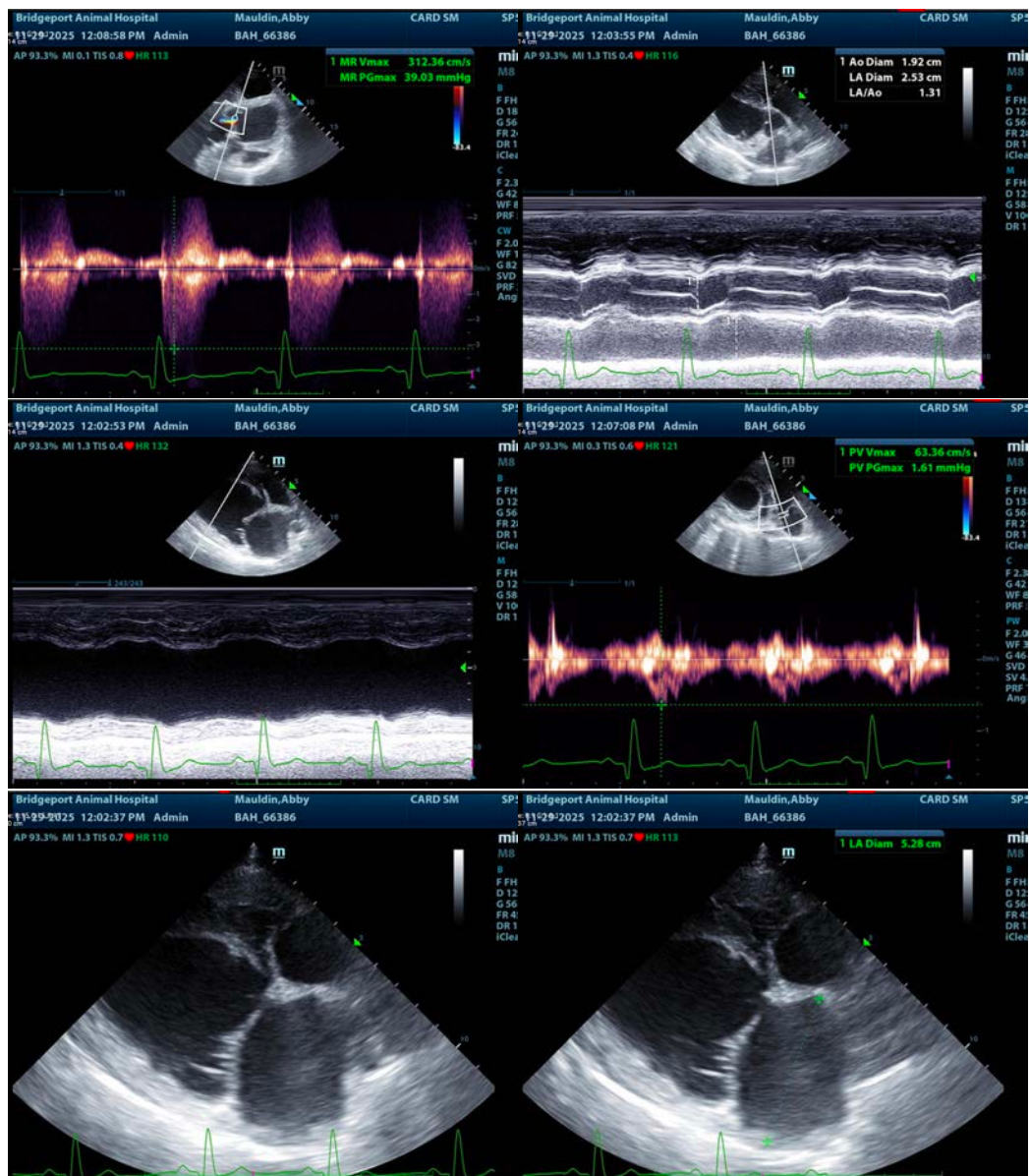
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- Stage C1 valvular disease, partially compensated, with myocardial insufficiency.
- Arrhythmogenic activity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Systemic factors such as nutritional cardiomyopathy, myocarditis, and hypothyroidism, Addison's systemic disease should all be considered in this patient. This is partially compensated owing to the current Lasix/Pimobendan protocol. Recommend ensuring Pimobendan is utilized at 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID, and Spironolactone at 1-2 mg/kg SID, and continuing with Lasix, monitoring BUN/creatinine, blood pressure, resting heart rate, and chest radiographs. Recheck echo in 1-3 months. Taurine levels would be indicated and assessment of grain-free diet.





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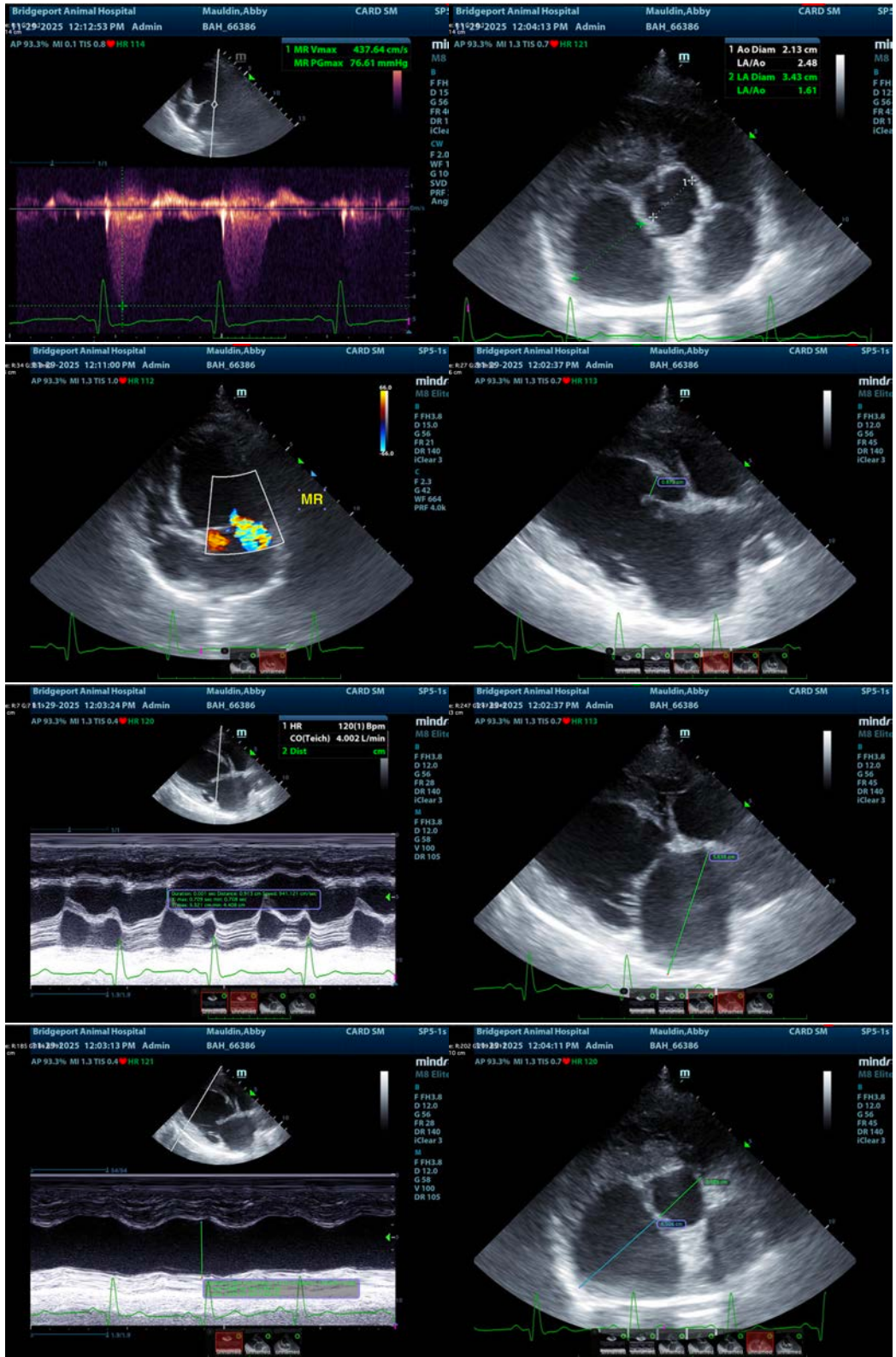
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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