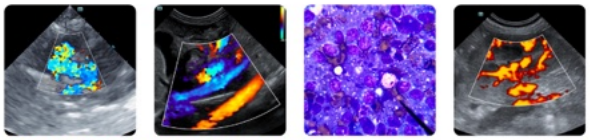

PATIENT

Watson Leal

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Neutered male

AGE

10 years

WEIGHT

21.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Leal

INVOICE

69513

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Pt presents for recheck Echo (last performed 9/2024). Recent labwork revealed a progression of ProBNP from 1037 to 1327. Remainder of patient's history unchanged. Patient is otherwise doing well. has a history of osteoarthritis, back pain, and has lost all of his teeth due to dental disease. Patient has generalized anxiety and is on Omega Oil, Phycox Max, Fluoxetine 10mg SID, o gave Rimadyl 18.25mg, Trazodone 50mg, and Gabapentin 100mg this AM, Nexgard, Heartgard. Pt given butorphanol (0.2mg/kg IV for echo due to anxiety).
E: Pain on right hip extension - mild, moderate pain on L4/5 and T12/13 palpation and mild LS palpation, no CP deficits, 4/6 left apical systolic murmur, Missing all teeth, small white corneal opacities noted OU
CBC: HCT 35.5%, remainder WNL Chem: NSF UA: NSF T4: 3 Fecal: NSF ProBNP 1327

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** insufficiency was also noted and measured 2.5 m/sec. 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. The hepatic veins were not 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	>5.0	2.5	1.3	1.95	45	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		1.5	1.3	21.8 lbs	3.5	3.0	

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ULTRASONOGRAPHIC FINDINGS

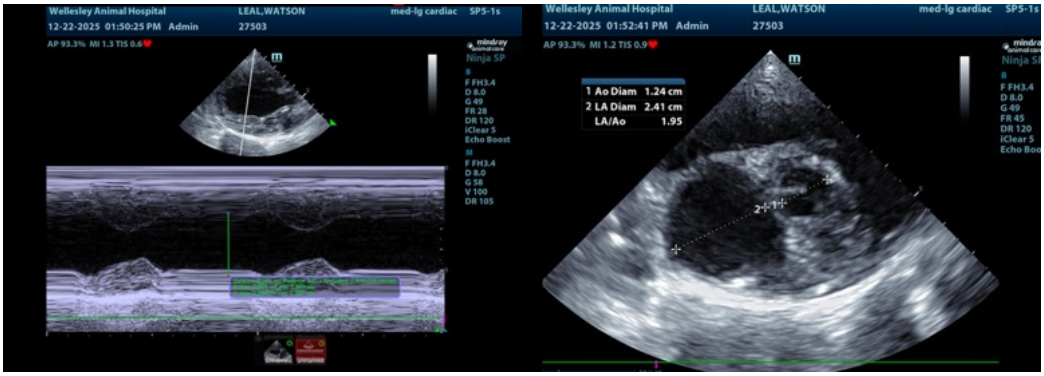
Mitral insufficiency, mild left atrial enlargement. Early stage B2 valvular disease.

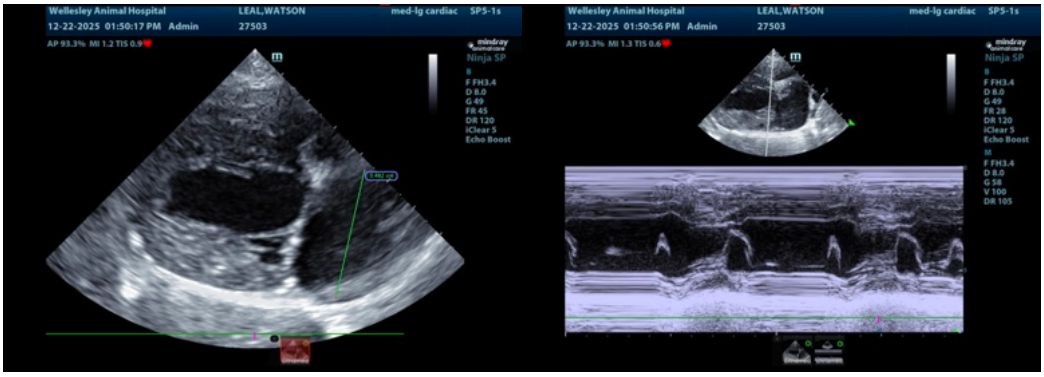
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left atrial enlargement in this patient was mild. I recommend initiating Pimobendan at 0.3 mg/kg b.i.d. If any systemic hypertension initiates then I recommend adding ace inhibitor or Telmisartan to keep systolic blood pressures <160.

Compared to the prior echocardiogram the left atrium has increased in size in the LA max position and LA:AO heart base. Advancing from stage B1-stage B2.

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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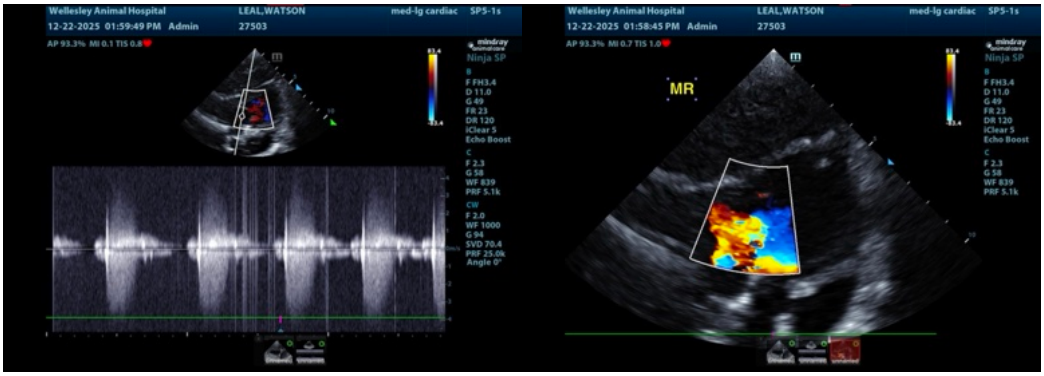

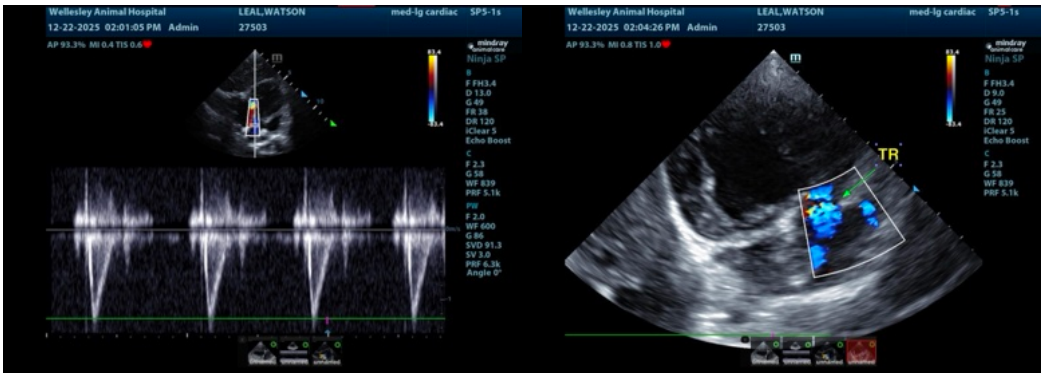

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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