



PATIENT

Oliver Wicker

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

Neutered male

AGE

9 years

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

PRESENTING CLINICAL SIGNS

History: Oliver was diagnosed with a heart murmur and radiographically enlarged heart (VHS 11.8). He was started on Pimobendan but the owner did not see any change and stopped the medication. She then came here for a second opinion

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 the anterior mitral valve leaflet was noted. There was slight mitral valve prolapse. 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. Minor **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.

IMAGING PERFORMED BY

Bill McGee DVM,
DABVP

HOSPITAL NAME

Bridgeport Animal
Hospital PLLC

REFERRING VET

Tara AH

INVOICE

69749

DATE

12/31/25

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	5.8		2.3	>2.5	50	90	0.4
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		1.07	0.86	16 lbs	3.9 max	3.1	



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ULTRASONOGRAPHIC FINDINGS

Advanced stage B2-B2+ valvular disease given the left atrial enlargement.

Minor tricuspid insufficiency.

Minor aortic insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend reinitiating Pimobendan at 0.3 mg/kg b.i.d., adding 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. is warranted. Blood pressure measurements are indicated. If any pulmonary edema is present on radiographs then low-dose Lasix should be considered.

The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary.

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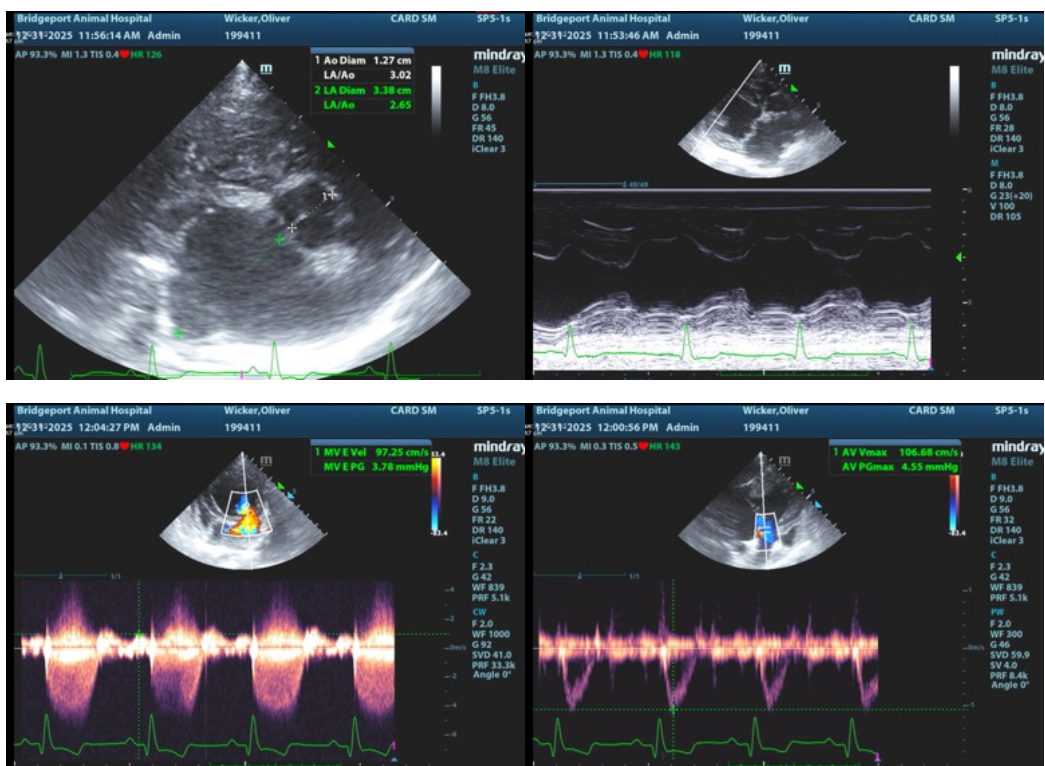
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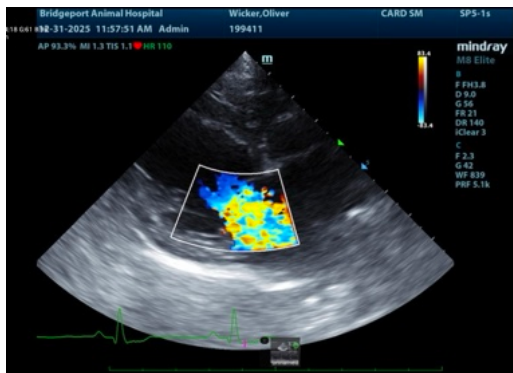
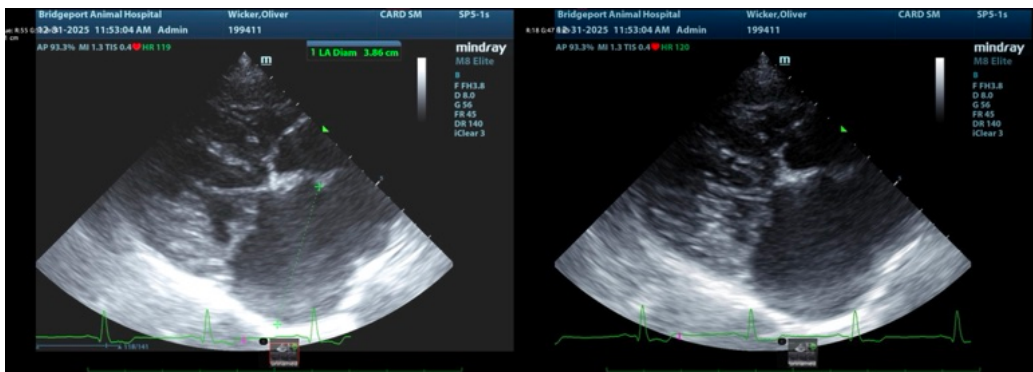
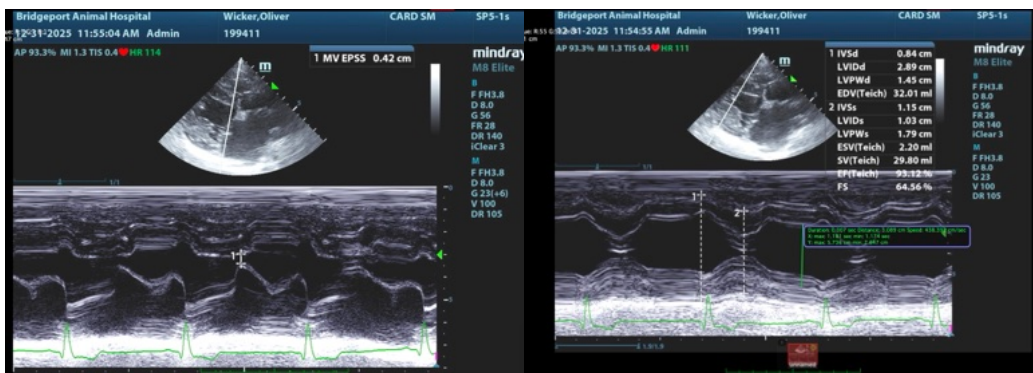
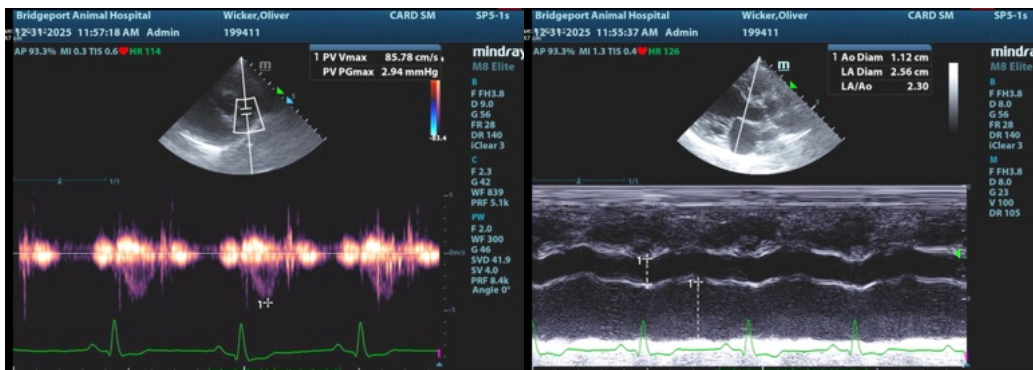
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com