



PATIENT

Pip Langer

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

6.96 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Anleu

INVOICE

71557

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Severe LV and LA enlargement with dorsal deviation of the trachea
- loss of caudal cardiac waist
- VHS is 12, VLAS is 2.9
- Redundant tracheal membrane or dynamic tracheal collapse. Mainstream bronchi may be compressed/collapsed associated with left atrial enlargement. No effusion in the pulmonary parenchyma
- Increase of heart murmur intensity from a II-III/VI left systolic to a V/VI. In July, ProBNP had increased to 2,169. Pet had a c+ episode on 2/7/2026 which lead to trouble breathing and front limbs becoming stiff. No loss of bladder or bowel control. Three view chest rads show LAE, narrowed trachea and main stem bronchi
- Blood pressures: L side average = 151/110, R side = 168/109 ProBNP from July 2025 = 2,169

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated moderate volume overload in the **left atrium** and **left ventricle**. Severe **mitral** valve insufficiency and moderate **tricuspid** insufficiency was noted. The tricuspid insufficiency is consistent with early pulmonary hypertension. 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. Tachycardia was noted. B lines were present and suggestive for early pulmonary edema or concurrent alveolar disease.

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	5.75	-	NM	2.2	62	92	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	190	1.68	0.8	6.96 lbs	3.6	2.8	

ULTRASONOGRAPHIC FINDINGS

Decompensating C1 valvular disease with systemic hypertension, early pulmonary hypertension.



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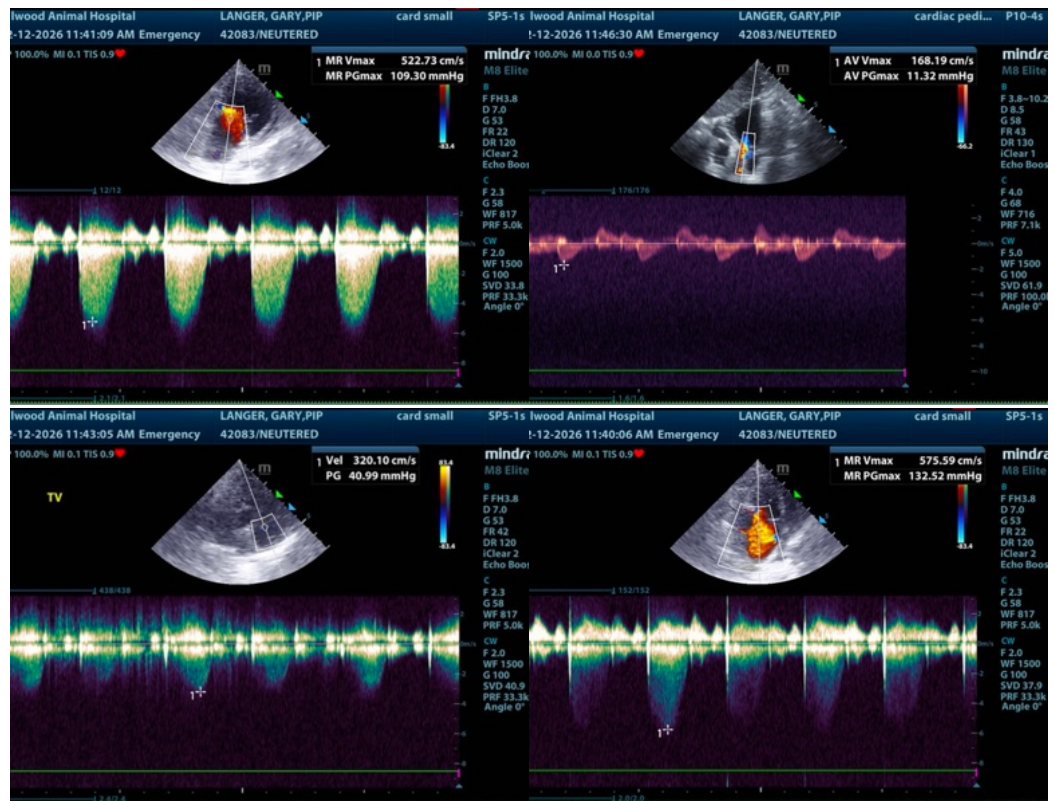
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient should be treated with triple therapy of Pimobendan b.i.d., ace inhibitor 0.5 mg b.i.d. and Lasix b.i.d. However, depending upon the current protocol I recommend adding Spironolactone at 1-2 mg/kg s.i.d. Prognosis is very guarded.

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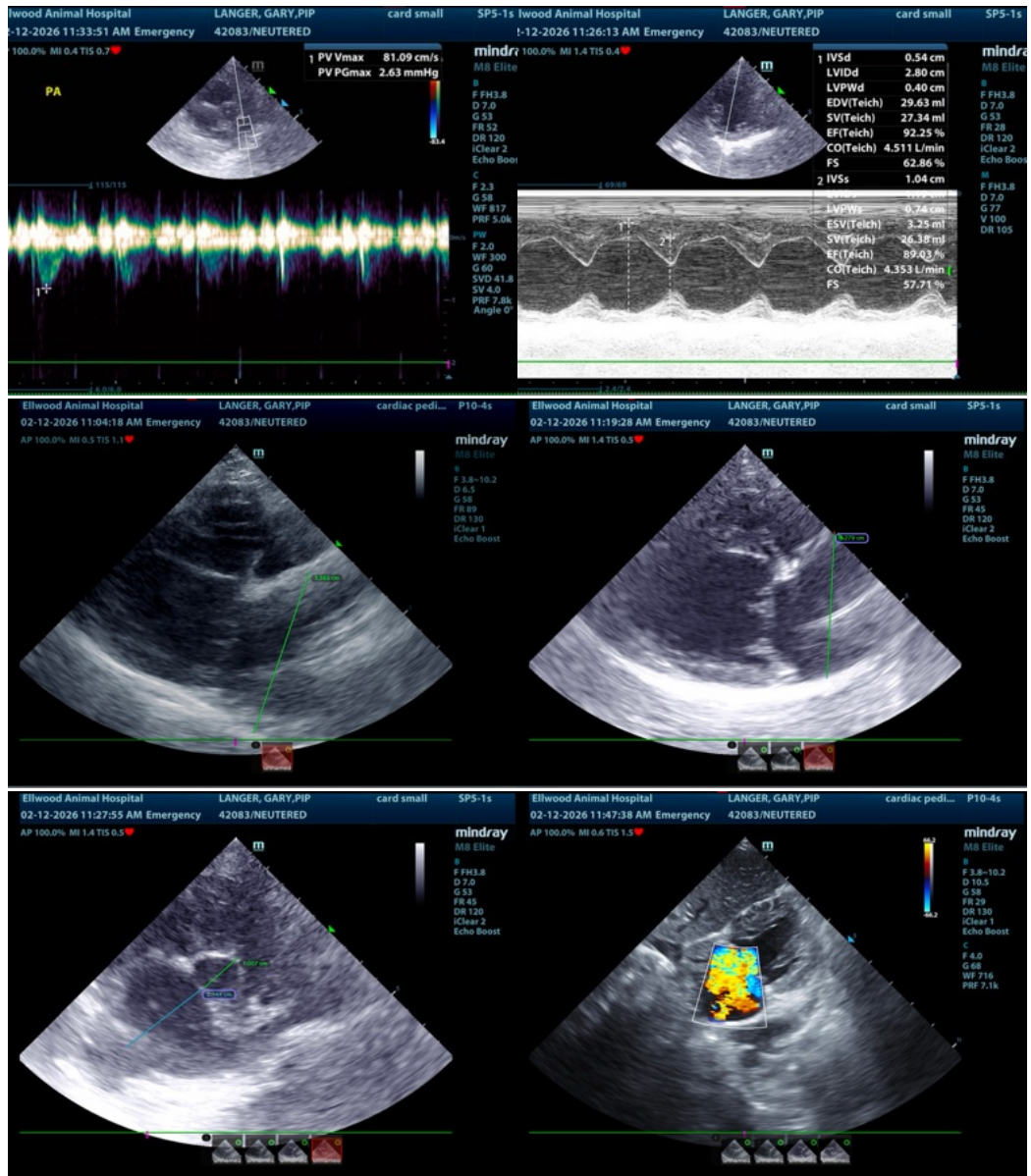
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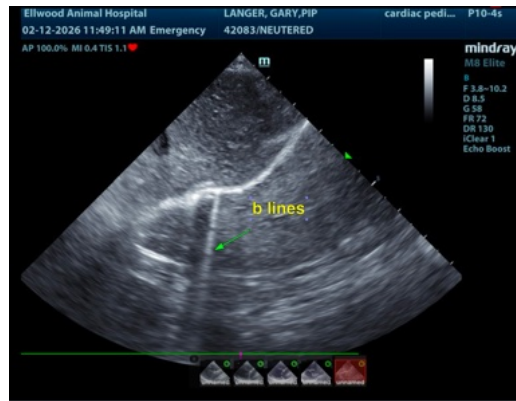
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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