



## PATIENT

Kobba Ciraco

## SPECIES

Canine

## BREED

King Charles

## SEX

Neutered male

## AGE

11 years

## WEIGHT

20.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Heather

## HOSPITAL NAME

Animal Care Center of  
Flanders

## REFERRING VET

Dr. Casulli

## INVOICE

71768

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

- Murmur increased from 5/6 to 6/6, hx VPC (occasional) +MVDm mild perihilar edema on chest rads, VHS score 13.5, tracheal elevation, LA elevation
- Vetmedin 2.5 mg 1 and 1/2 am and 1 pm added on Lasix today tgh

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented severe mitral valve prolapse, severe **left atrial** and **left ventricular** enlargement with volume overload. **Contractility** was non-compensatory. This is consistent with myocardial insufficiency. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. **Tricuspid** insufficiency was noted with minor **right atrial** enlargement. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac 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	6.0	3.0	>2.0	>2.5	35	70	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	120	None	None	20.6 lbs	4.6	4.0	

## ULTRASONOGRAPHIC FINDINGS

C1 valvular disease, potential D1 owing to myocardial dysfunction.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend aggressive cardiac management in this patient with Pimobendan at 0.3 mg/kg b.i.d., Lasix at 3-4 mg/kg b.i.d., Spironolactone at 1-2 mg/kg s.i.d. and ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. A recheck echocardiogram is recommended in a month. Prognosis is very guarded.



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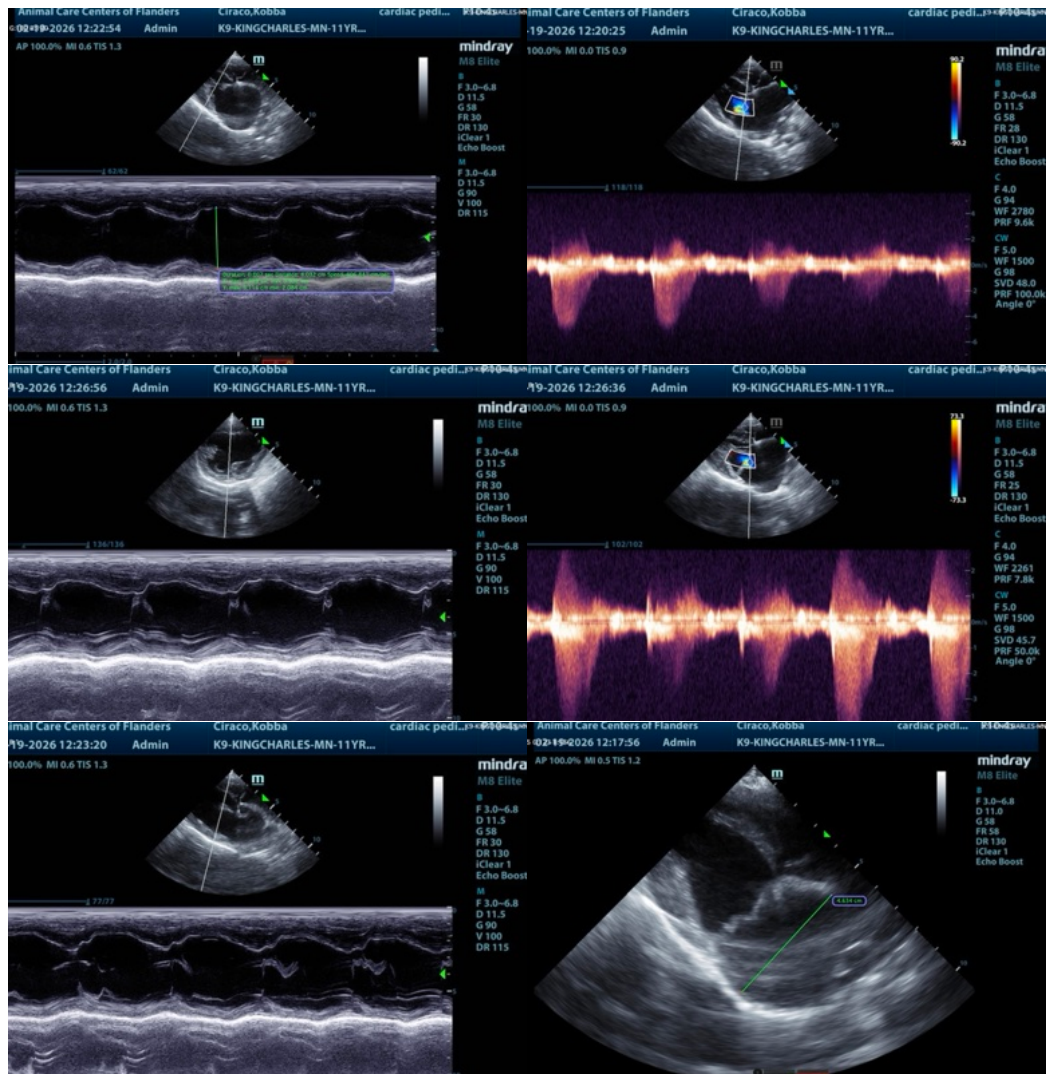
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The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the 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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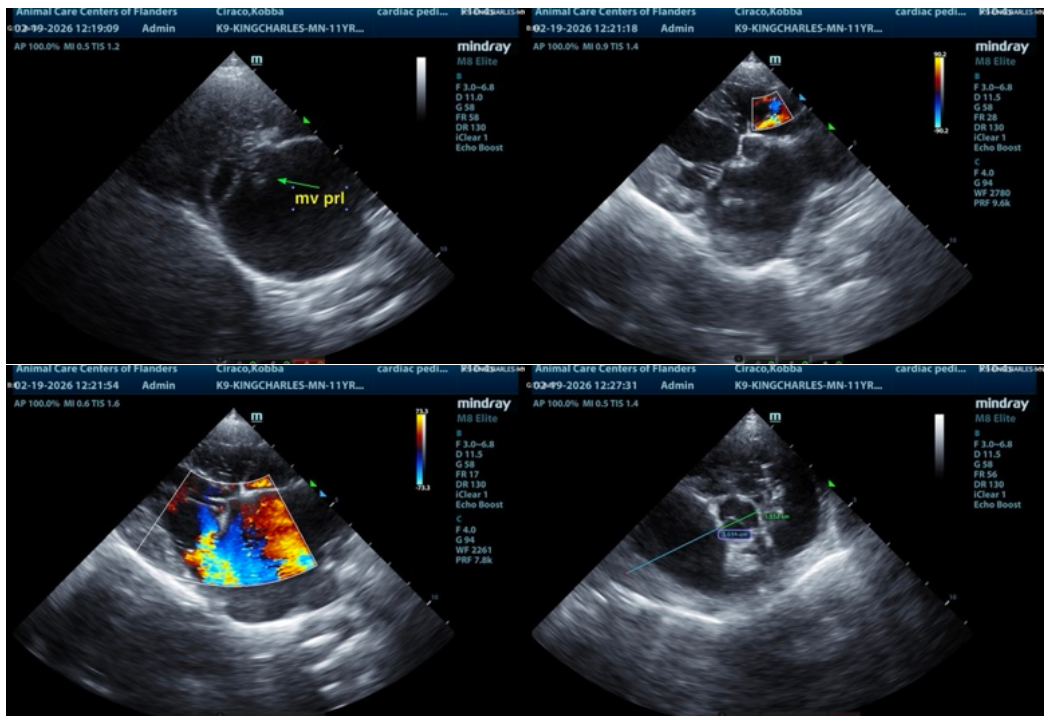
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)