PATIENT
Buddha Subbe

SPECIES
Canine

BREED
Pekingese

SEX
Neutered Male

AGE
12 Years 5 Months

WEIGHT
14.6 Pounds

INTERPRETED BY
Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ken Leal

HOSPITAL NAME
VCA AVH

REFERRING VET
Dr. Case

INVOICE
36180

DATE
3/10/26

PRESENTING CLINICAL SIGNS

- Left sided cardiomegaly on chest rads (3/10/26)
- 3-4/6 left sided heart murmur.
- Workup for mass removal and anesthesia.
- Medications: Rimadyl, simplecef
- Abnormal PE/Chem/CBC/UA Results: Lyme positive Trace protein on urine SpGravity urine = 1.036

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	--	1.3	1.4	38	71	0.35
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (lbs)	**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	80	1.30	1.60	14.6 lbs	3.2	2.5	--

Cardiac Presentation

The **left atrium** presented minor enlargement, not likely causing any clinical signs, however, would be best classified as stage B-2 valvular disease. 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 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

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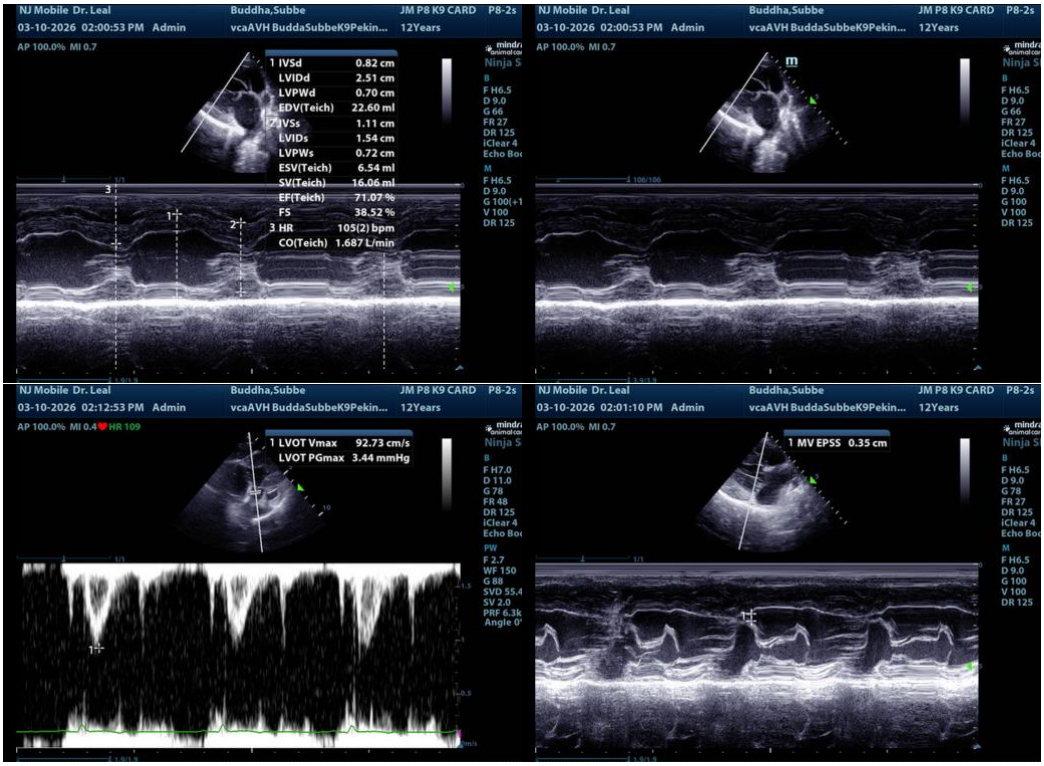
valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

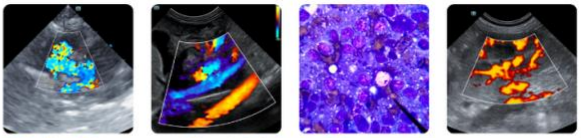
- Early stage B-2 valvular disease
- Minor left atrial enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is minimal anesthetic risk, as long as serial blood pressures are <160 systolic. Pimobendan could be justified at a dose of 0.3 mg/kg BID. Torbutrol (premed), propofol (induction), and isoflurane (maintenance) is the recommended anesthetic protocol with minimal anesthetic time is warranted. Recheck echo in 6 months, earlier if any clinical signs or murmur grade increase occurs.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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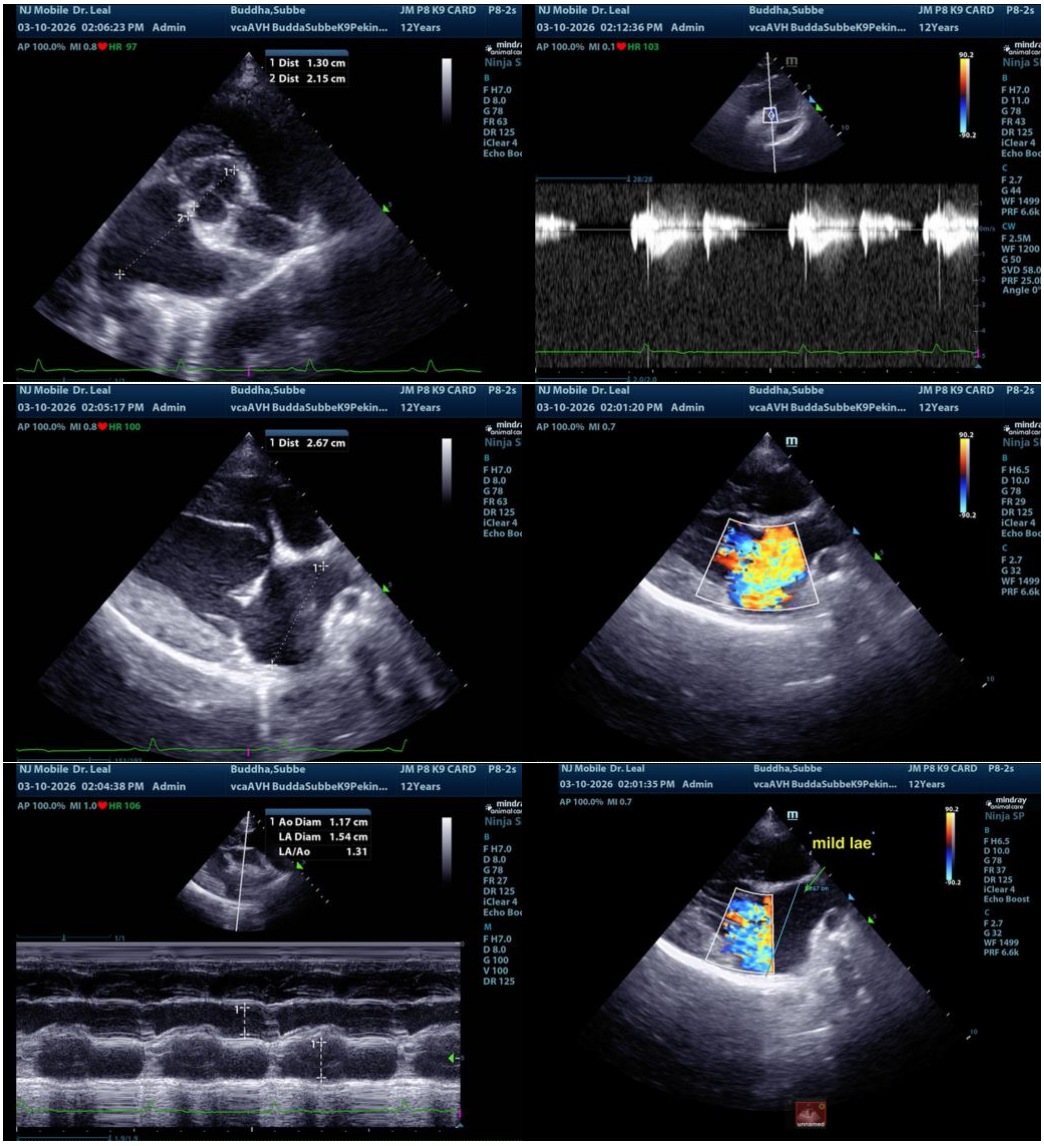

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com