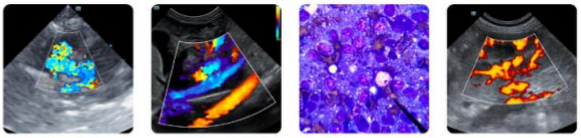

PATIENT

Marley Hubert

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Whippany Vet

REFERRING VET

Dr. Cordero

INVOICE

36173

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- HM noted July 2025- coughing has gotten worse at night or at play. O describes as huffing
- Bronchitis Jan 2026
- Being picked up under chest induces cough.
- Meds hydro

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	6.0	3.0	NM	1.7	29	57	0.4
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	162	1.10	1.10	11.8 lbs	3.4	3.09	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Chamber volumes and echogenicity were normal. Prolapse of the anterior mitral valve leaflet was noted. 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. **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

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echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

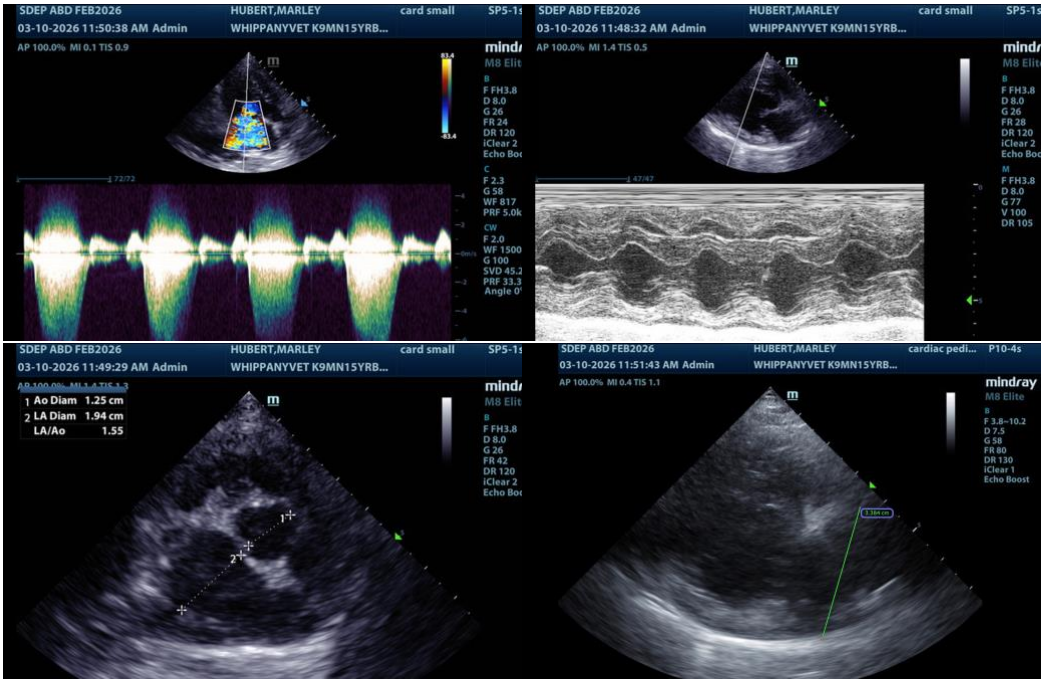
ULTRASONOGRAPHIC FINDINGS

- Early stage B-2 valvular disease- this may or may not be involved in the clinical signs at this point.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The coughing is likely primary bronchial, however, there is mild left atrial enlargement. Impingement on main stem bronchus may be an issue. Based on the mild left atrial enlargement, pimobendan can be justified at a dose of 0.3 mg/kg BID. If any systemic hypertension is present, then ACE inhibitor therapy +/- spironolactone could be considered.

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 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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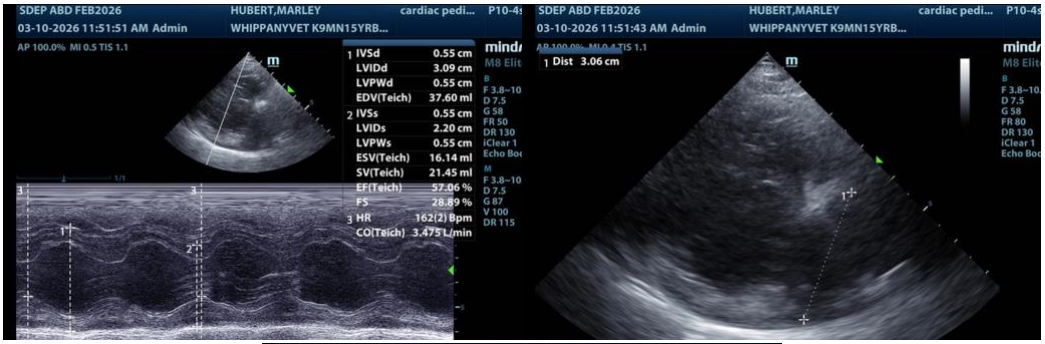

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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