

PATIENT

Bronson Morley

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

11 Years 4 Months

WEIGHT

19.4 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Andover Animal
Hospital

REFERRING VET

Dr. Walker

INVOICE

14284

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- V/VI HM
- Possible tracheal elevation of the heart, C+ at night, lungs clear
- Current medication- Gabapentin 100mg - 2 PO TID

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	5.25	2.32	2.0	--	39	71	NM
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	130	1.58	--	19.4	5.6	3.77	--

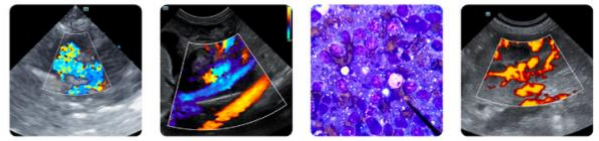
E-wave velocity: 1.9

Cardiac Presentation

The left atrium presented with chronic dilation. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented prolapse of the anterior mitral valve leaflet. 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. **Tricuspid** valvular assessment demonstrated insufficiency. 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.

Chest Radiographs

Radiographs revealed left atrial enlargement with no overt pulmonary edema.



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ULTRASONOGRAPHIC FINDINGS

- Mitral/tricuspid insufficiency with stage B2+ valvular disease.

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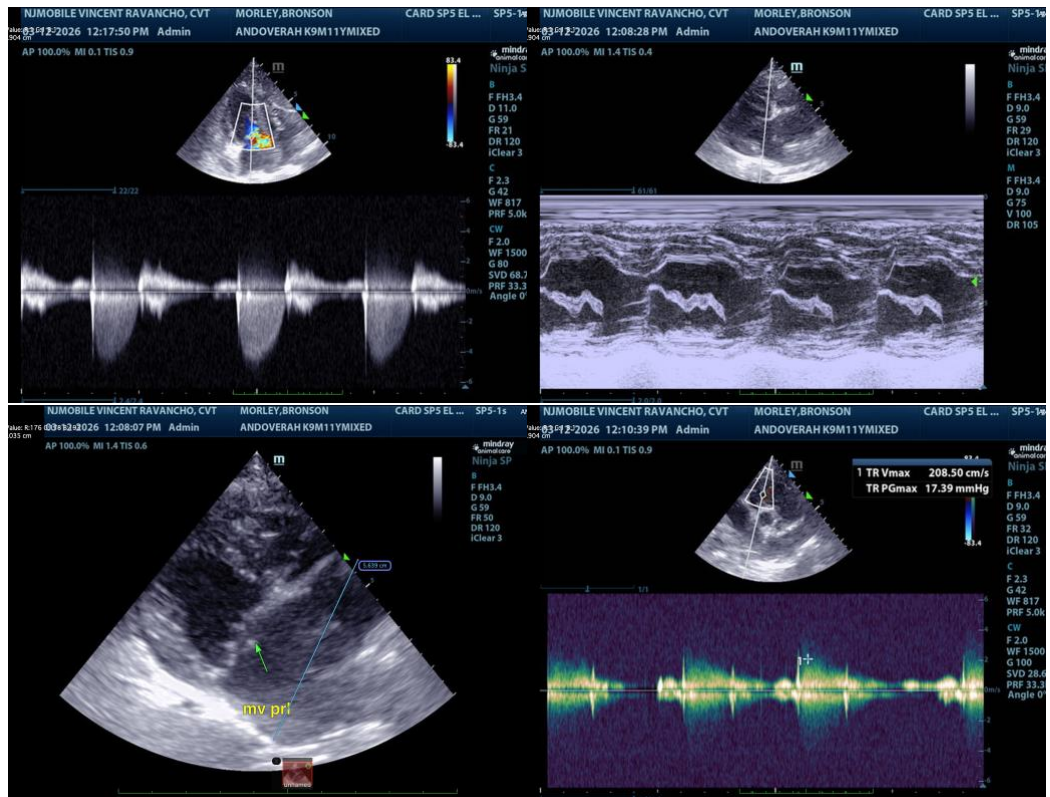
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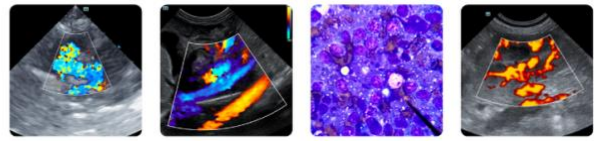
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. 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.

Recommend initiating Pimobendan 0.30 mg/kg BID, ACE inhibitor 0.50 mg/kg SID progressing to BID and Spironolactone 1.0 to 2.0 mg/kg SID with recheck echo in 1-3 months, however, patient should be monitored for emerging left-sided heart failure carefully.





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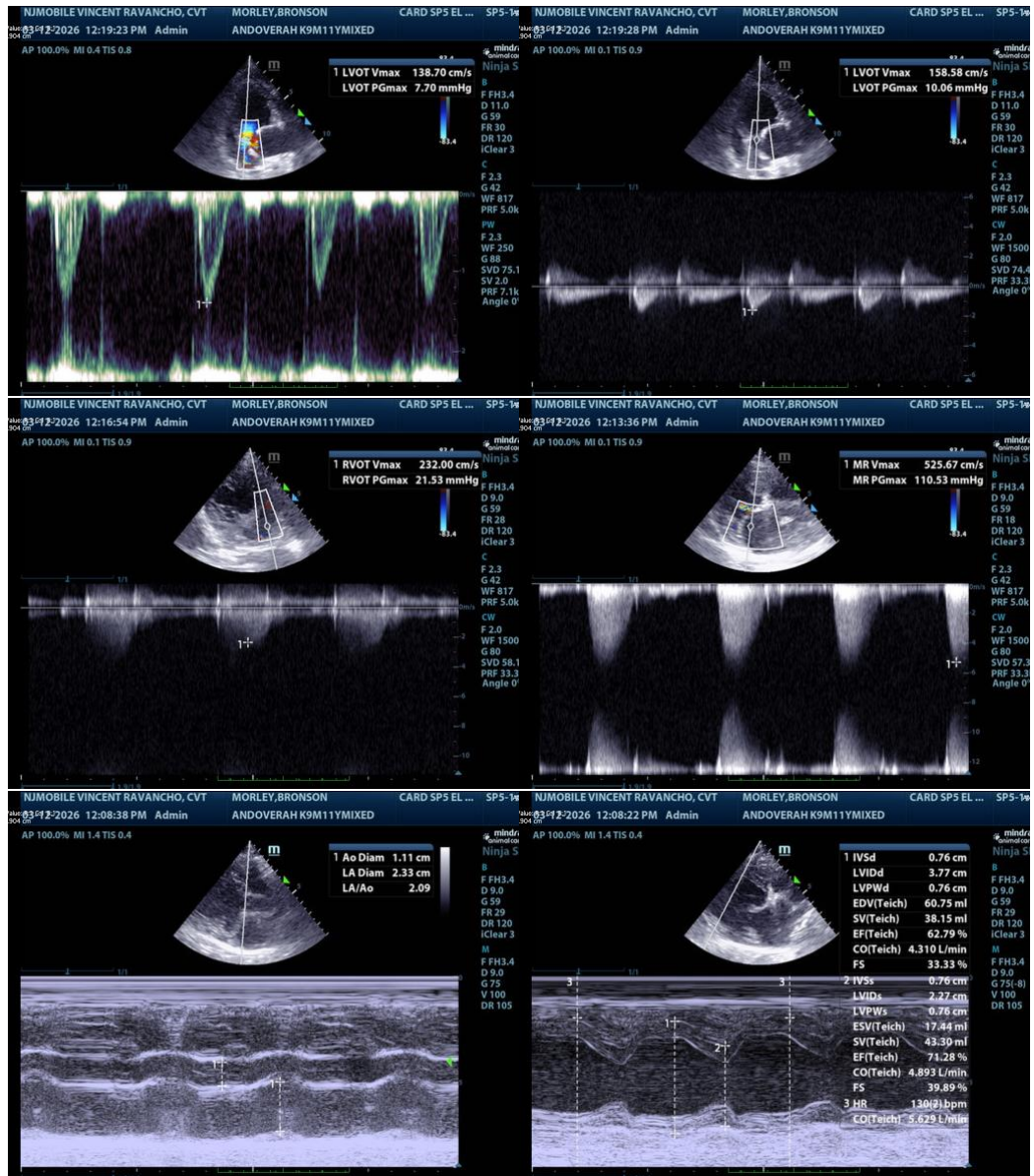
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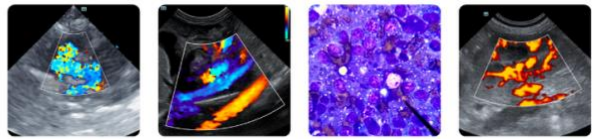
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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