



**PATIENT**

Noelle Gleason

**SPECIES**

Canine

**BREED**

Mini Poodle

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

8.7 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Branchville Country VC

**REFERRING VET**

Dr. Talbot-Valerio

**INVOICE**

36281

**DATE**

3/17/26

**PRESENTING CLINICAL SIGNS**

- Recheck echo, tricuspid insufficiency, mitral insufficiency - heart murmur
- Meds: Pimobendan, Furosemide, Enalapril, Spironolactone
- Abnormal PE/Chem/CBC/UA Results: SDMA ^, Trig ^ 416, ALKP ^ 343, PSL ^ 155, POT. ^ 5.6, CA+ ^ 11.5, BUN 54 ^, PLT & ^ 490

**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	5.15	2.0	1.4	1.7	58	89	0.25
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	158	1.50	1.40	8.7 lbs	3.0	3.17	--

*Cardiac Presentation*

The cardiac presentation in this patient presented contained volumes. Persistent arrhythmogenic activity was noted. Persistent prolapse of the mitral valve was noted, with mitral and tricuspid insufficiency, and mild left ventricular hypertrophy. However, significant improvement from a volume and functional standpoint has occurred. Pulmonic outflow was unremarkable. Mild tricuspid insufficiency was noted. The hepatic veins were not dilated. Pericardial and pleural spaces were unremarkable.

**ULTRASONOGRAPHIC FINDINGS**

- Fairly compensated valvular disease under the current protocol with persistent arrhythmia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend ensuring that pimobendan and enalapril are on BID dosing, spironolactone on SID dosing, and furosemide could be continued at the current dose if the patient is nonclinical. However, EKG is indicated. Holter monitor would be ideal. Serial blood pressures are warranted to ensure hypertension is not an issue. Otherwise, recommend continuation of the current protocol. Recheck echo in 6



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months, earlier if clinical signs initiate.

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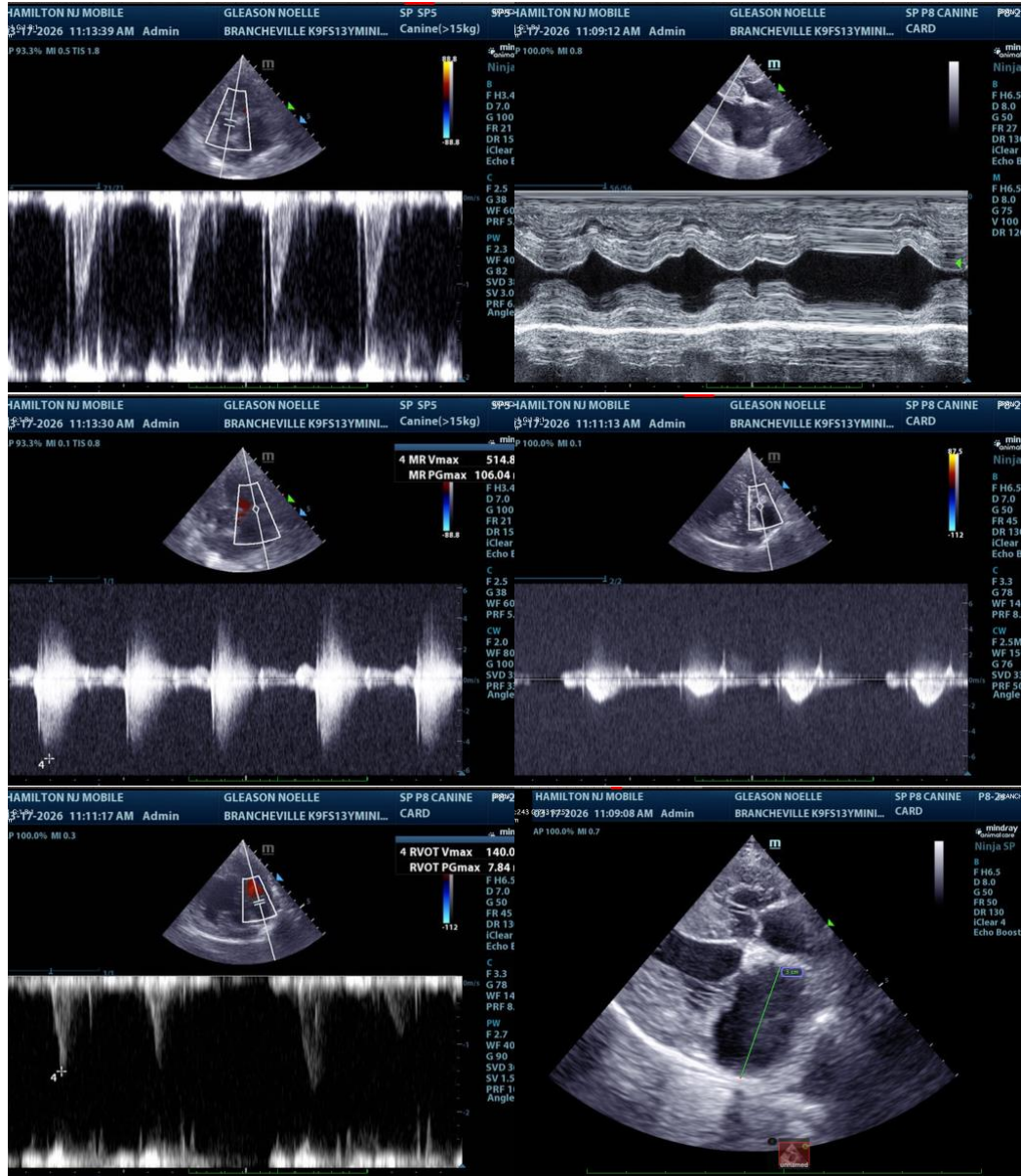
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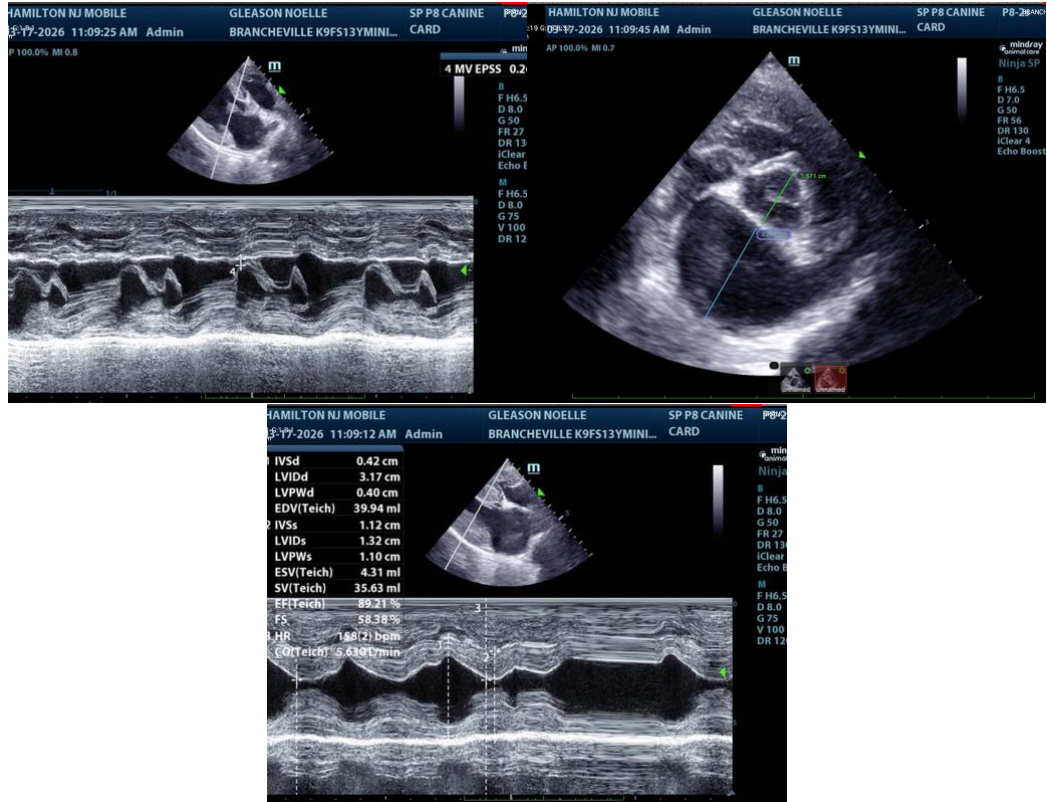
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)