



**PATIENT**

Bailey Esola

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Spayed Female

**AGE**

12 Years 4 Months

**WEIGHT**

47.8 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

VCA AVH Animal  
Hospital

**REFERRING VET**

Dr. Kaulius

**INVOICE**

14464

**DATE**

03/19/26

**PRESENTING CLINICAL SIGNS**

- Heart murmur evaluation, screening prior to anesthesia.
- Presented for facial swelling 2/27/26-suspect tooth root abscess.
- Current Meds: Clindamycin; Rovera/Carprofen; Gabapentin; Trazodone.

Abnormal PE/Chem/CBC/UA Results: At other hospital 10/2025-Cardiopet proBNP-1210 (0-900); cbc/chem/T4 all wnl.

**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	5.08	2.12	1.19	1.12	35	64	0.2
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	90	1.0	0.61	47.8	3.2	4.05	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated fairly mild eccentric 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. **Aortic insufficiency** was present measuring 3.5 m/s. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated measurable 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. Hepatic veins were not dilated.



**PATIENT** **ULTRASONOGRAPHIC FINDINGS**

Bailey Esola

- Stage B1 valvular disease with mitral, tricuspid and aortic insufficiency.

**SPECIES** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine

Recommend ensuring blood pressures are normal. No contraindications to anesthetic procedure. The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure, EKG and chest radiographs are recommended if not already performed. Target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6-12 months, earlier if murmur grade increases or clinical signs initiate.

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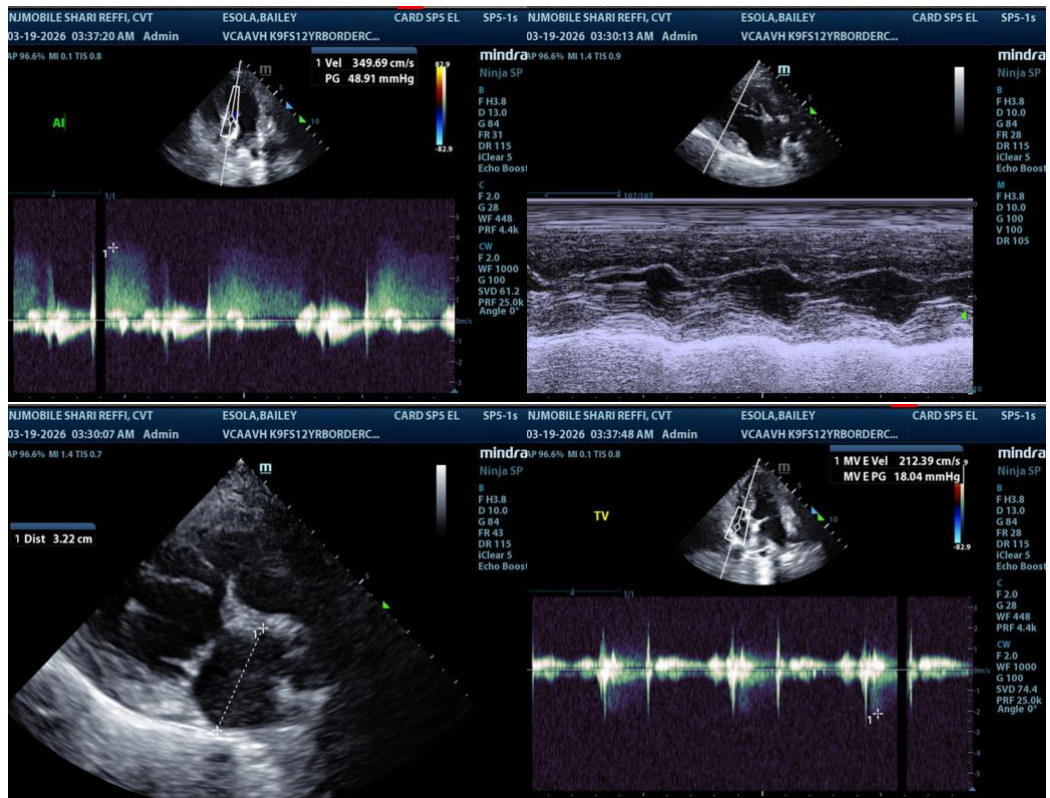
Dr. Kaulius

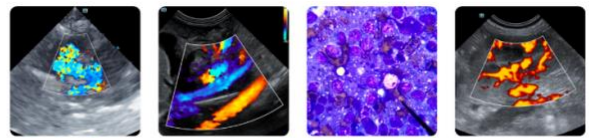
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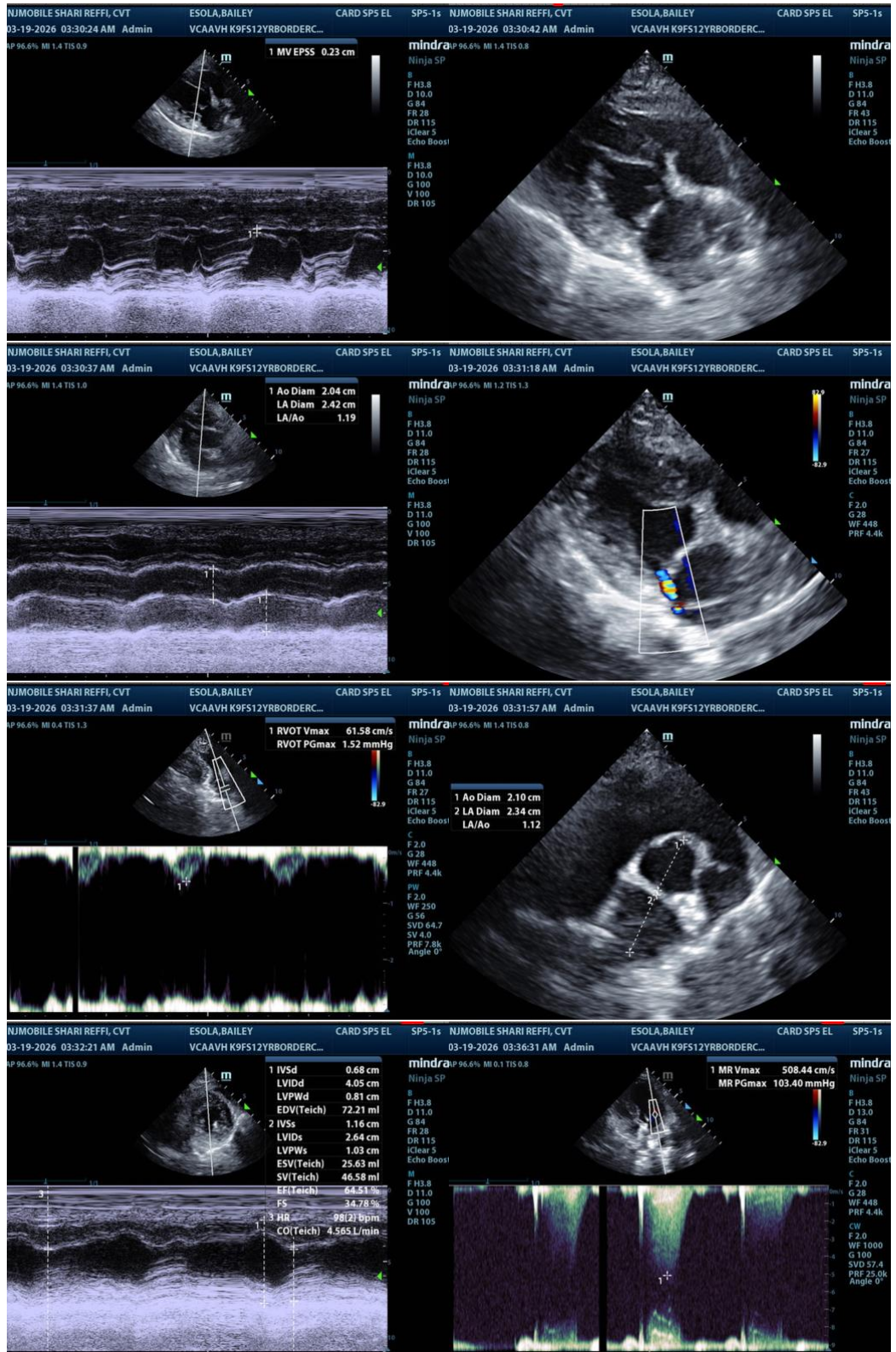
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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