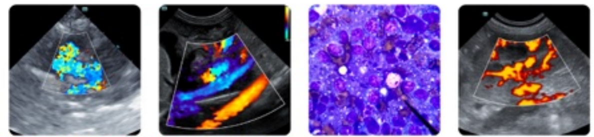


PATIENT

Cody Thompson

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

11 years

WEIGHT

70.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Bray

INVOICE

72112

DATE

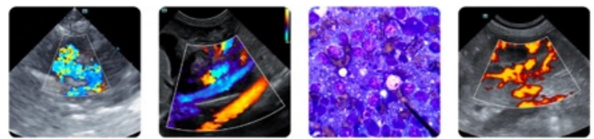
3/2/26

PRESENTING CLINICAL SIGNS

- The patient has a history of Anaplasmosis (6/16/2025), for which he was hospitalized and treated with doxycycline and amoxicillin. At that time, he presented with lethargy, inappetence, shaking, and was found to have thrombocytopenia. No recheck labs were performed after treatment. The patient's littermate brother, Kipper, passed away approximately one and a half weeks ago.
- Primary concerns are an episode of diarrhea in the house on 2/23/26 lethargy, and episodes of regurgitation/hacking. The hacking is described as a sudden, loud, non-productive event that occurs a few times per day. The owner has noticed an increase in lethargy and age-related behaviors (groaning, rising slowly) over the past year, which seem more pronounced since his brother's passing.
- GRADE 4/6 SYSTOLIC HEART MURMUR noted. Normal sinus rhythm. Femoral pulses strong and synchronous. The thyroid level was within the normal range, although it was at the lower end of normal. A slight, insignificant increase in cholesterol was noted. All other organ function values were normal. The complete blood count and urinalysis were unremarkable. The patient remains positive for Anaplasma exposure, which was expected, and negative for Lyme disease. The primary concern is a SIGNIFICANTLY ELEVATED CARDIAC BIOMARKER (proBNP), which is 2,366

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **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 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** insufficiency was noted, yet not clinically significant. 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.



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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	None	2.0	1.5	1.7	45		0.1

CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	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	BELOW	BELOW	BELOW	BELOW
PATIENT	80	2.0	0.9	70.6 lbs	4.9	4.1	

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency.

Mild left atrial enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The LA max measurement best represents the LA. I recommend initiating Pimobendan at 0.3 mg/kg b.i.d. Blood pressure measurements are recommended in this patient. It is not likely that the patient is having clinical signs related to cardiac disease as the left atrial size is only mildly excessive, yet still falls in the B2 category.

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 3-6 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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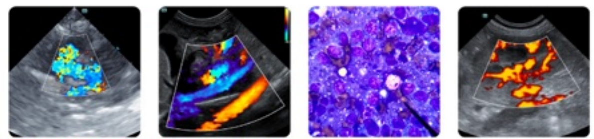

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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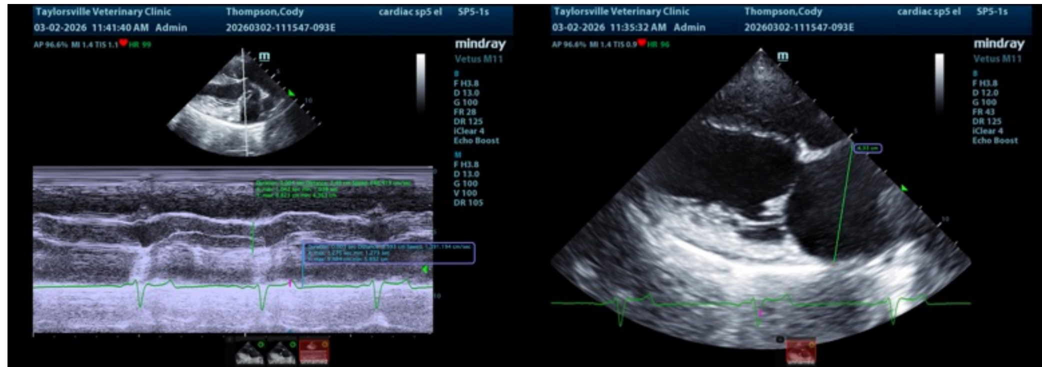
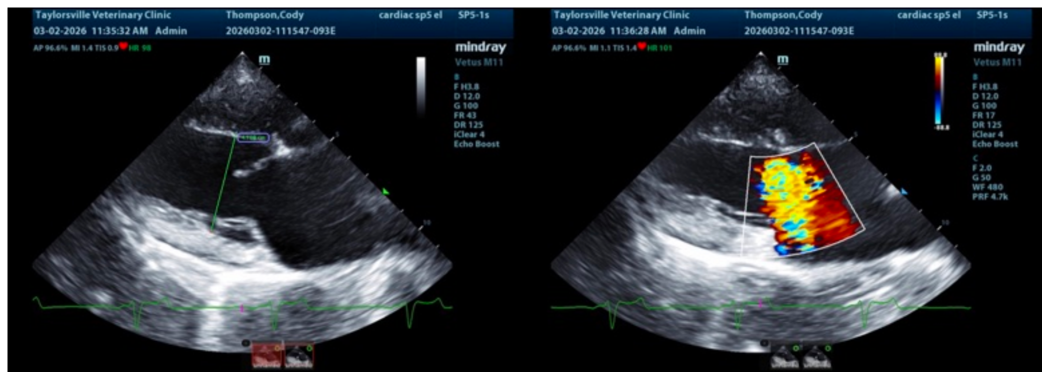
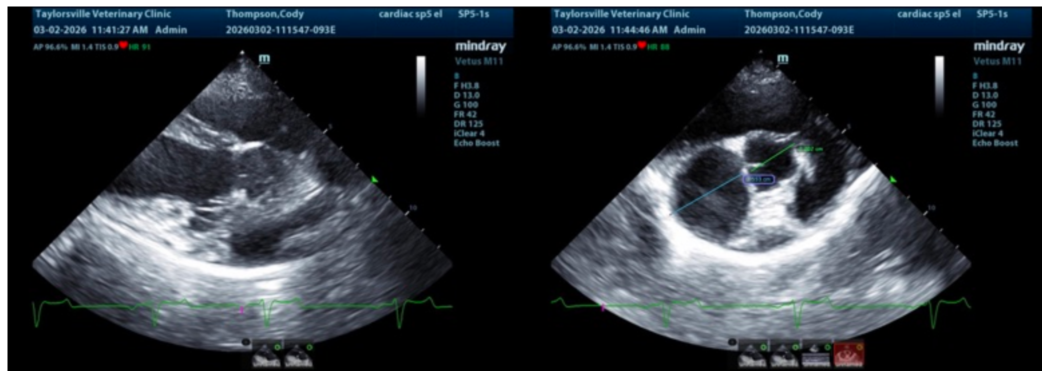
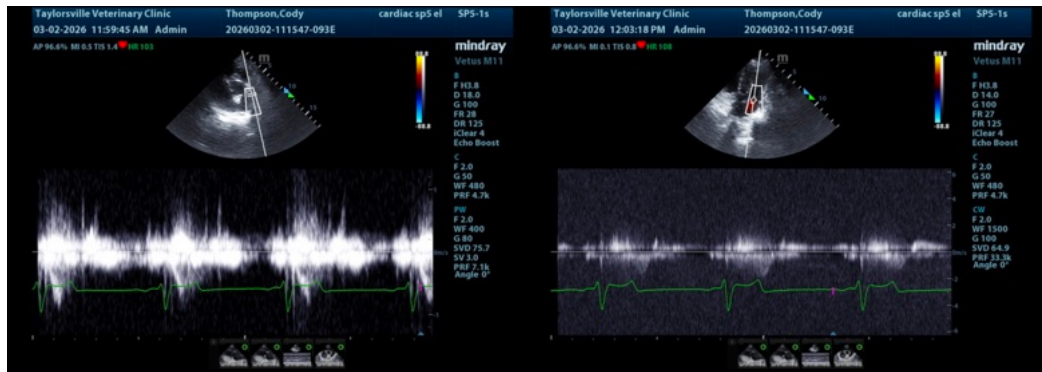
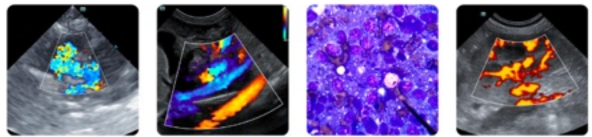








The information and recommendations provided are based on the images presented by the



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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 of SonoPath.com

info@SonoPath.com