



PATIENT

Pip Langer

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

6.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Anleu

INVOICE

73719

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Pet has not had any coughing/collapsing episodes since 2/7/26
- Blood Pressures done 3/23/26: L side average: 152/97. R side average: 151/96
- Current medications: Compounded Enalapril 1.25mg/Furosedmide 6mg/Pimobendan 1.25mg 1 ml BID. Spironolactone 12.5mg 1/4 tab every 48hrs. (original dose was 1/4 tab SID but decreased due to blood pressures being low at follow up visit.)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented persistent **mitral** and **tricuspid insufficiency**. There was complete filling of the **left atrium** noted on color flow assessment. The left atrium was slightly enlarged in size, yet fairly stable at 1.8. 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. 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.

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	5.01		NM	1.7	55	87	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	144	1.47	0.6	6.7 lbs	2.8	2.84	

ULTRASONOGRAPHIC FINDINGS

Minor volume overload of the left atrium, not clinically significant at this time.
Fairly stable valvular disease.



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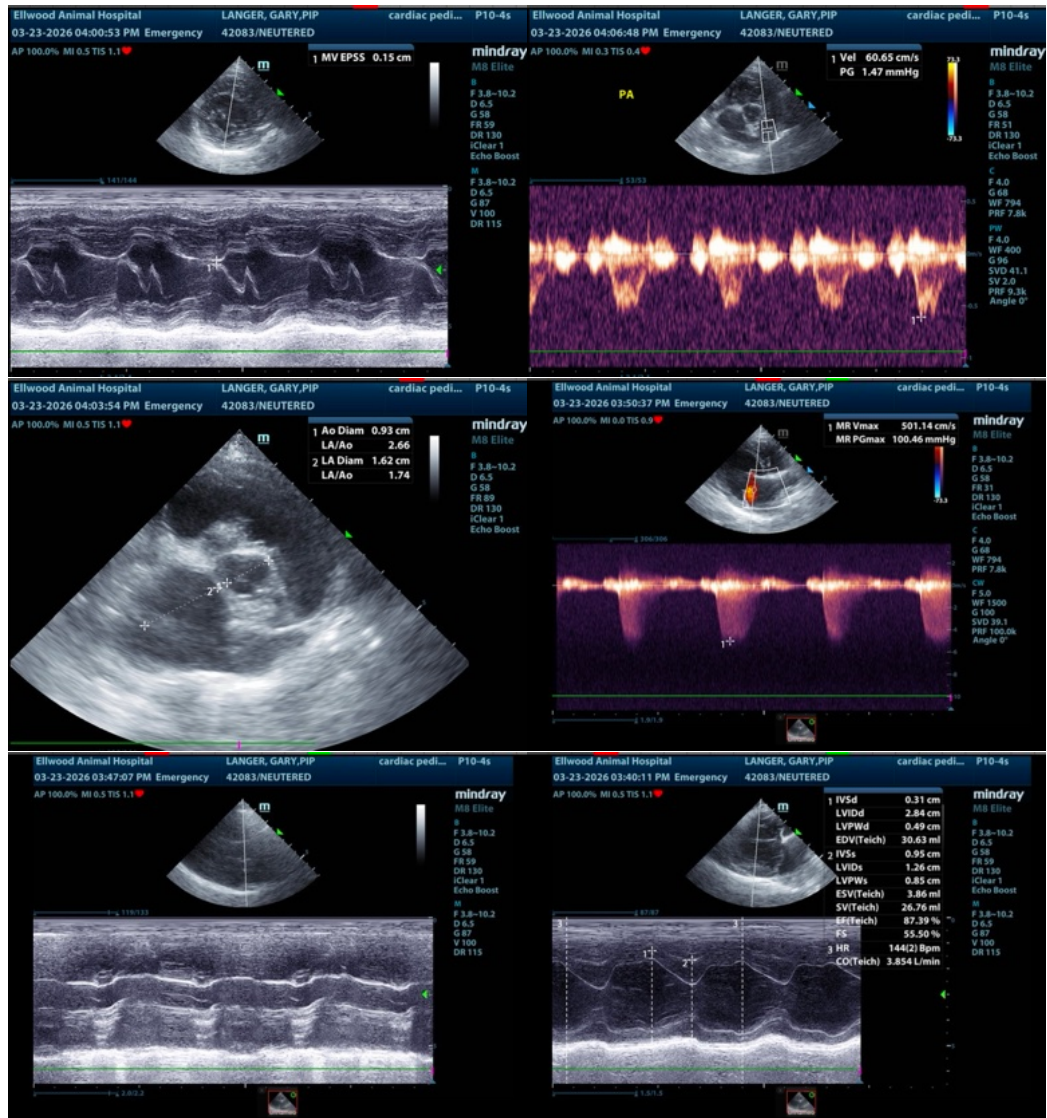
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of the current protocol. Recheck echocardiogram is recommended in 6 months monitoring blood pressure, BUN, creatinine, urine specific gravity and respiratory rate. The patient appears stable from an echocardiographic perspective.





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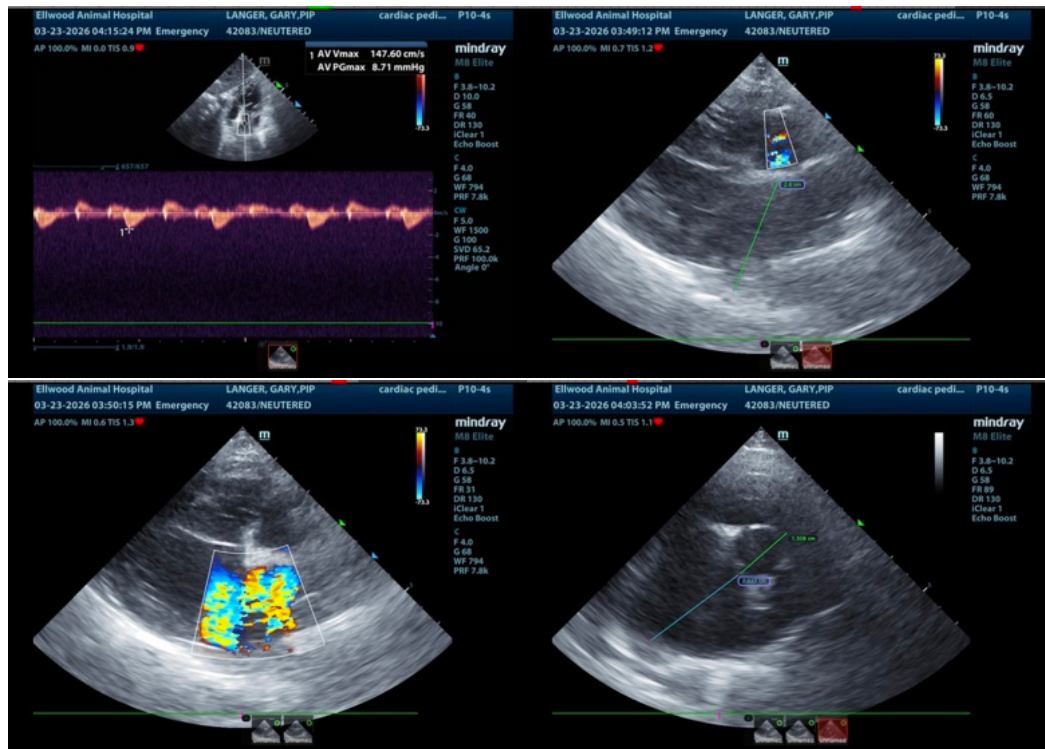
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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