



PATIENT

Blue Degelder

SPECIES

Canine

BREED

Pekingese

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

13.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie McGhan DVM

HOSPITAL NAME

Haven Animal Hospital

REFERRING VET

Dr. Julie McGhan DVM

INVOICE

14586

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- grade 2 murmur since 10/31/24
- has been on Pimobendan 1.25mg BID since
- has had q 6 months echoes with local GP since
- also hypothyroid, grade 4 dental disease

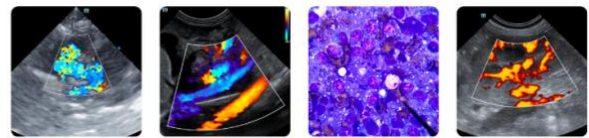
Abnormal PE/Chem/CBC/UA Results: NSF

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	--	--	1.1	1.3	46	80	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	69	--	--	13.2	2.2	1.8	--

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 trivial centralized mitral 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 mild tricuspid 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.



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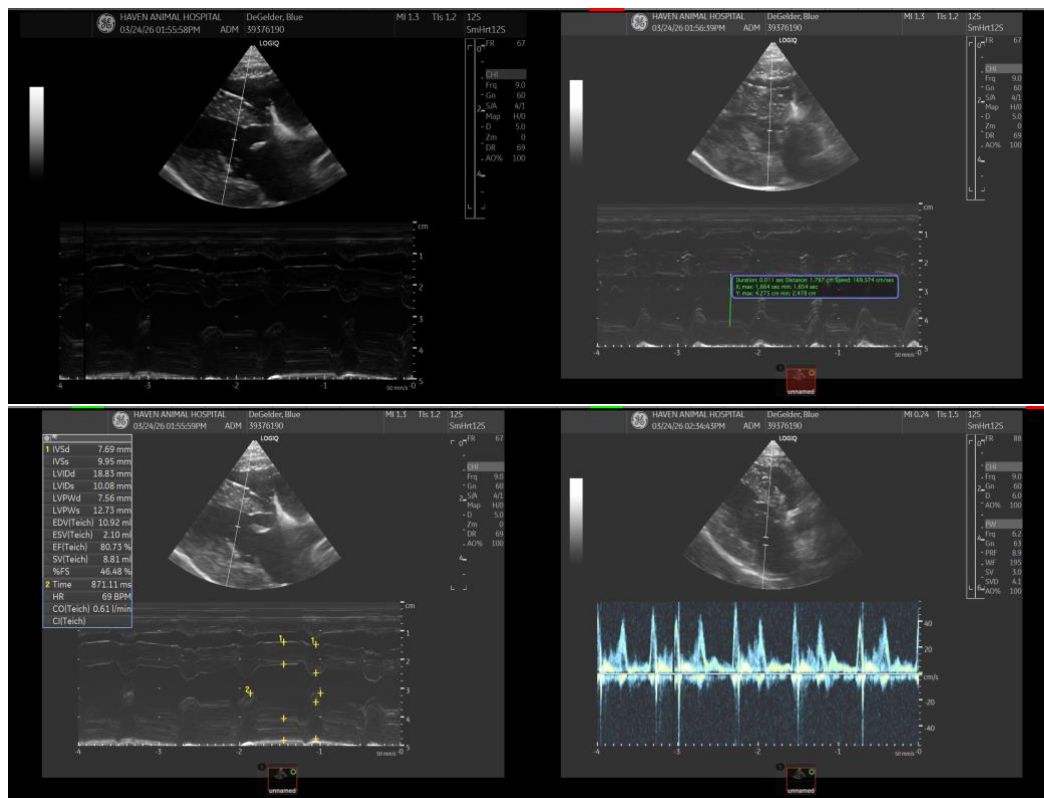
ULTRASONOGRAPHIC FINDINGS

- Early stage B2 valvular disease with mitral and tricuspid insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No contraindication to anesthetic procedure. I don't not see a larger regurgitant fraction in this patient that would suggest a history of volume overload. Recommend reassessing prior image sets to assess if Pimobendan is necessary. The mitral insufficiency that was evident was minor yet I would expect a much larger and evident mitral insufficiency, if there was left-sided volume overload in the past.

Potentially, a trial of stopping Pimobendan over a 10-day period and recheck echocardiogram would be an approach to assess if Pimobendan is necessary as a prior insult may have occurred from an infectious standpoint or other that would have caused volume overload. However, the amount of mitral insufficiency is extremely minor at this time and only visible on one spectral doppler view.





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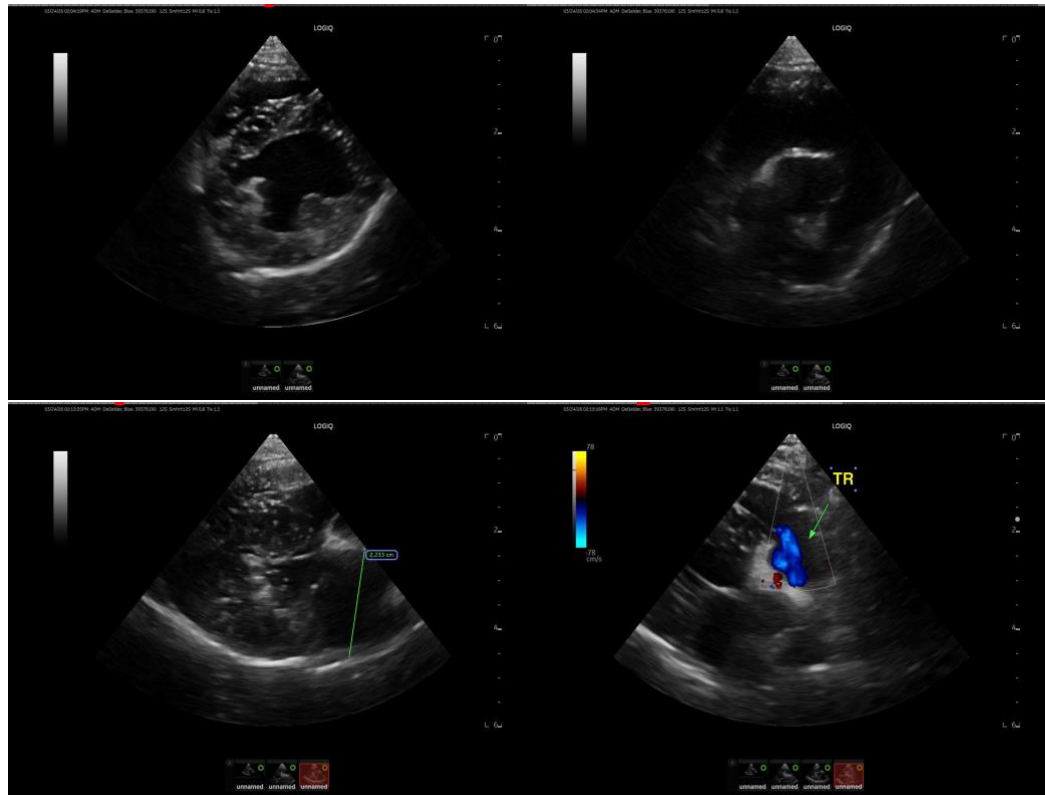
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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