



PATIENT

Chloe Tenenbaum

SPECIES

Canine

BREED

Maltese & Yorkshire
Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

HOSPITAL NAME

Central Jersey Animal
Hospital

REFERRING VET

Dr. Jeremiah Gabriel

INVOICE

14727

DATE

03/29/26

PRESENTING CLINICAL SIGNS

- coughing
- labor breathing
- grade 3 cardiac murmur
- taking Lasix 12.5 mg SID
- Vetmedin 1.25 mg BID

Abnormal PE/Chem/CBC/UA Results: O declined blood work

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	<5.0	--	<2.5	<2.0	48	80	0.1
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	--	--	0.7	11.5	3.8	3.7	--

Cardiac Presentation

The cardiac presentation in this patient presented with ruptured chordae tendineae and anterior mitral valve leaflet prolapse. Moderate left atrium and left ventricular dilation was noted. Mitral and tricuspid insufficiency was noted. No pericardial pleural effusion was noted; however, hepatic veins were dilated and suggest for emerging right-sided failure as well as pulmonary edema lines consistent with left-sided failure. Contractility was compensatory yet slightly subnormal.

ULTRASONOGRAPHIC FINDINGS

- Left sided heart failure stage C valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation



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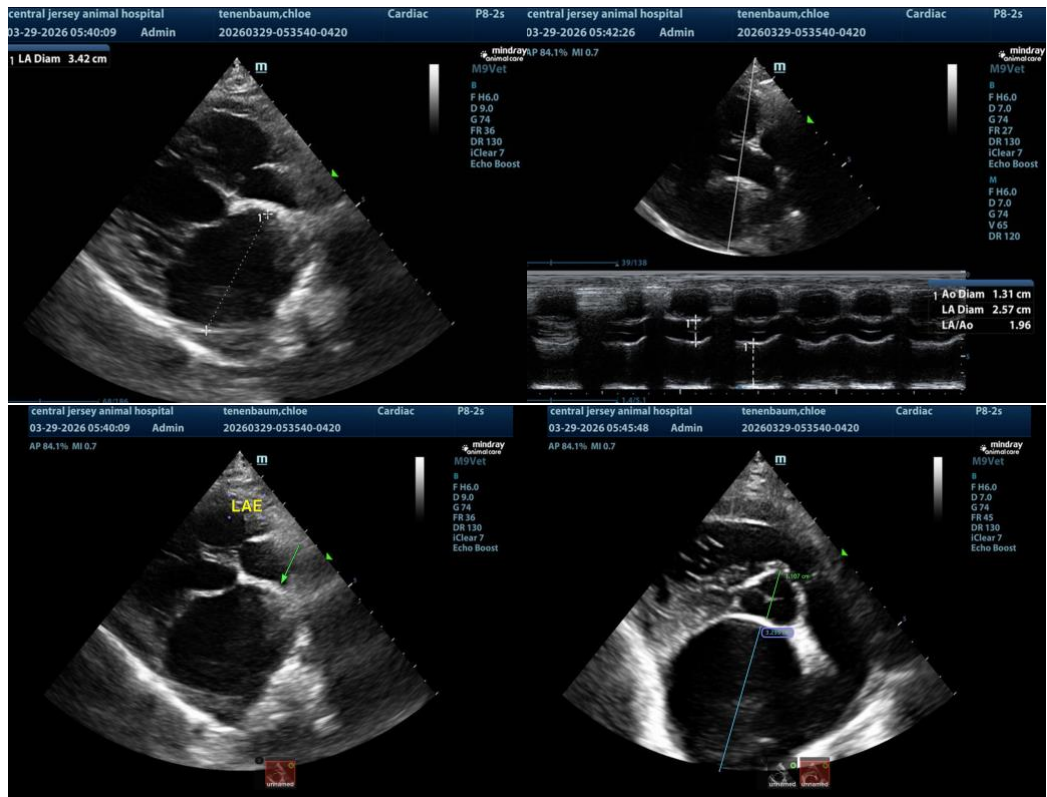
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is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary.

Left CHF needs quadritherapy. Continue Vetmedin, increase Lasix 2-4 mg/kg BID, Spironolactone 1-2 mg/kg SID. ACEi 0.5 mg/kg SID increasing to BID after 5-7 days. Recheck echo in 3 weeks. Watch BP, respiratory rate, body temp, BUN, creatinine and hydration.



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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