

## PATIENT

Lily Nunez

## SPECIES

Canine

## BREED

King Charles Spaniel

## SEX

Spayed female

## AGE

13 years

## WEIGHT

19.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Heather

## HOSPITAL NAME

Animal Care Center of  
Flanders

## REFERRING VET

Dr. Hallihan

## INVOICE

73923

## DATE

3/31/26

## PRESENTING CLINICAL SIGNS

- Acute worsening of cardiac dz, dyspnea, harsh lung sounds, grade 4 out of 6 systolic murmur
- hx of severe acute exercise intolerance
- Rads 3/31 - severe cardiomegaly, loss of caudal cardiac silhouette echo on 1/16 - stage B2 mitral dz

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

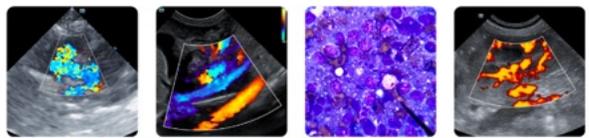
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. Prolapse of the anterior mitral valve leaflet was noted with moderate to severe left atrial enlargement. 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. **Tricuspid** insufficiency was noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Trace **pericardial** effusion was noted. The cranial **mediastinum and pericardial and extra-cardiac 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	6.0	NM	NM	2.0	35	NM	0.4
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	140	NM	NM	19.4 lbs	4.7	3.5	

## ULTRASONOGRAPHIC FINDINGS

Decompensated valvular disease.

Stage C1-D1 valvular disease.



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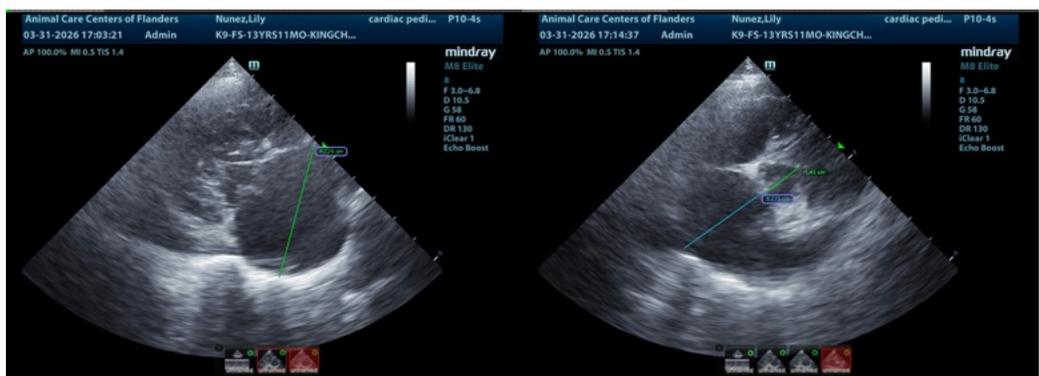
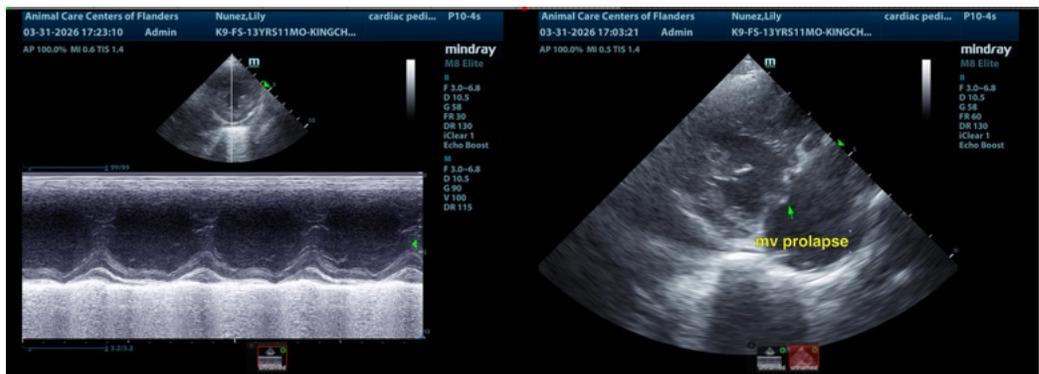
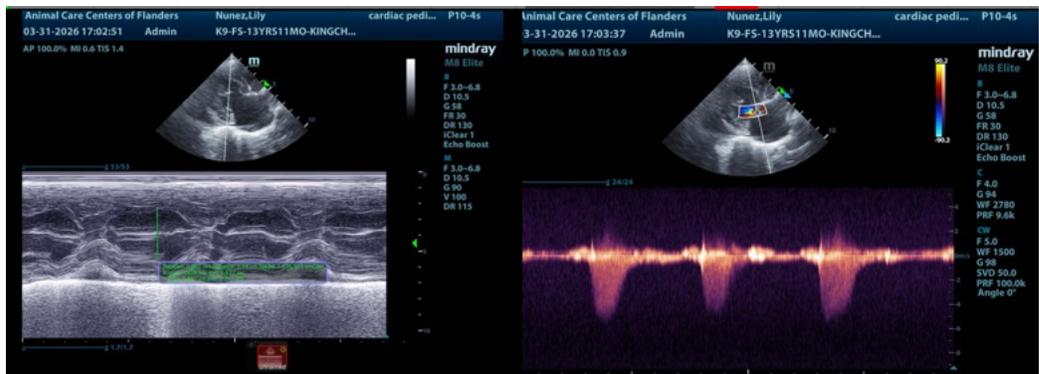
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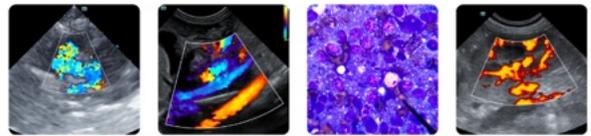
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend maximizing Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d., Spironolactone at 1-2 mg/kg s.i.d. and Lasix at 2-3 mg/kg b.i.d. I recommend to monitor the BUN, creatinine, respiratory rate and chest radiographs. The prognosis is guarded. EKG and blood pressure measurements are indicated.





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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

[info@SonoPath.com](mailto:info@SonoPath.com)