

PATIENT

Ted Gruber

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

14 years

WEIGHT

13.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

PRESENTING CLINICAL SIGNS

- Additional imaging from previous U/S on 3/3/26
- Stable mild left-sided cardiomegaly with enlargement of the left atrium is most compatible with degenerative mitral valve disease.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

****2 Image sets were evaluated from 3/6/26 and 3/2/26**

The echocardiogram in this patient demonstrated slight **left atrial** enlargement, best represented in LA max and heart base positions. 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** valvular assessment demonstrated adequate linear morphology. 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. The hepatic veins were not dilated.

IMAGING PERFORMED BY

Dr. Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano Kaplan

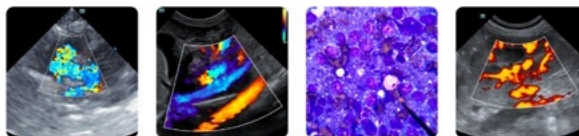
INVOICE

72324

DATE

3/6/26

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	NM	NM	1.3	1.8 Slightly obliqued	45	90	0.18
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	NM	NM	13.2 lbs	3.1	3.0	



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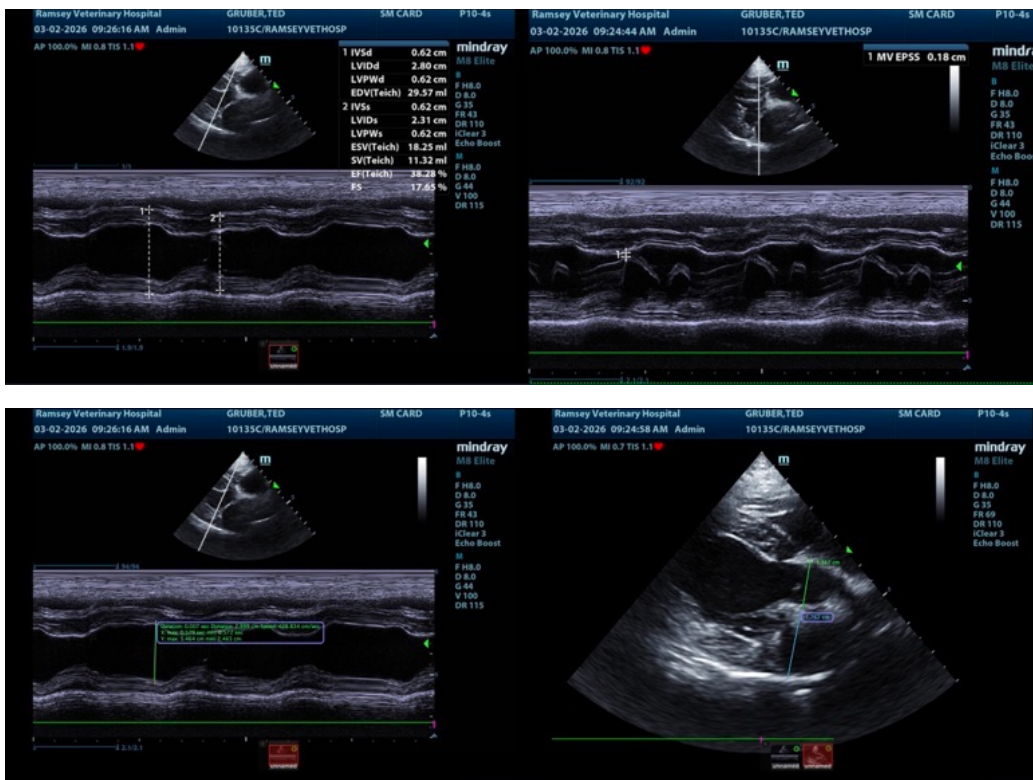
ULTRASONOGRAPHIC FINDINGS

Borderline early Stage B2 valvular disease given the slight left atrial enlargement. This is essentially B1 with emerging B2. There is a slight atrial septal bulge in this patient. This typically indicated left atrial enlargement; however, it is measurably borderline given the LA max position. Therefore, it can be interpreted as either B1 or very early B2.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is debatable on whether Pimobendan would be helpful in this patient and there is no right or wrong answer. Ideally further complete imaging would be performed on follow-up. There is no contraindication to anesthetic procedure.

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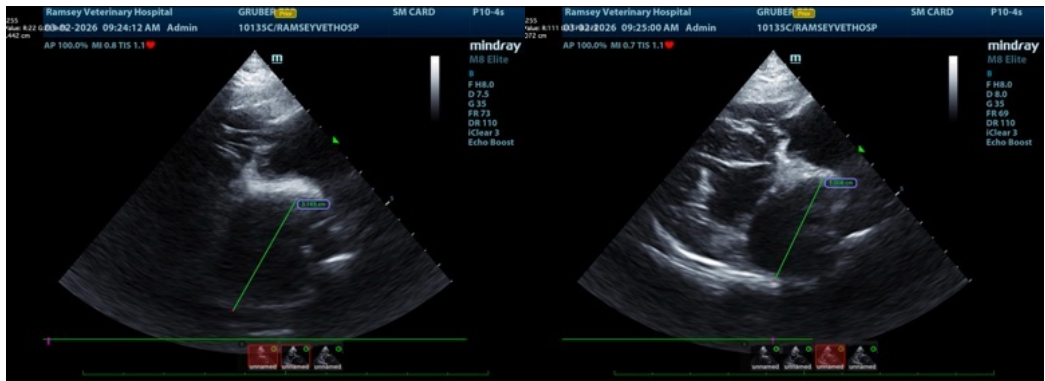
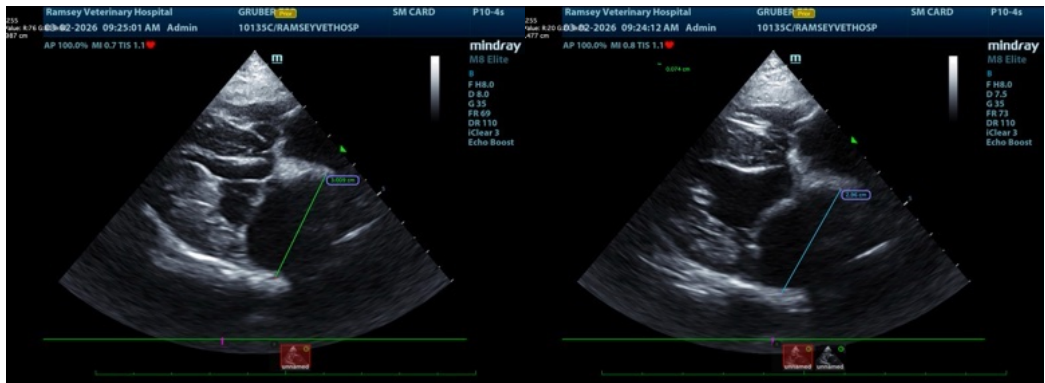
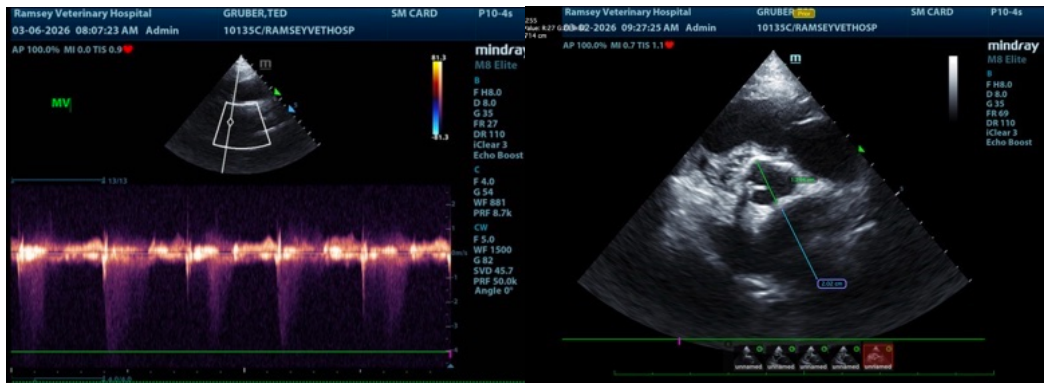
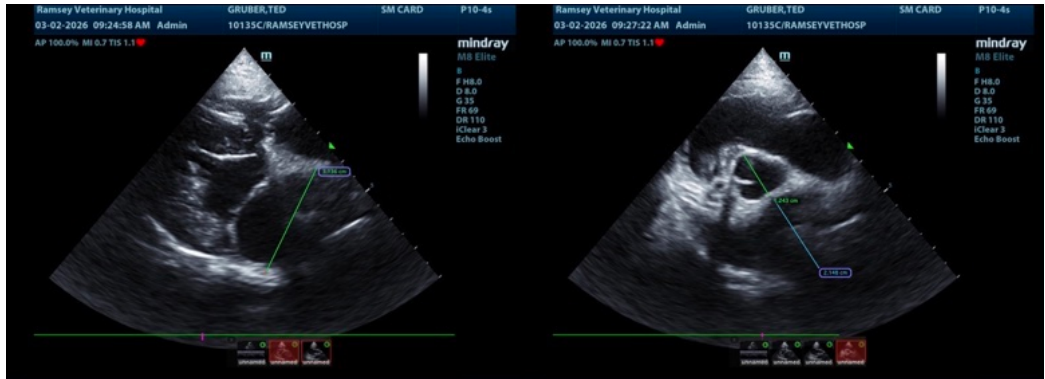
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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