



**PATIENT**

Biscuit Jell

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

2.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Celine Ward

**HOSPITAL NAME**

Kenora Veterinary  
Clinic

**REFERRING VET**

Dr. Celine Ward

**INVOICE**

14779

**DATE**

04/01/26

**PRESENTING CLINICAL SIGNS**

Dx'd with CHF March 2026, is on 4mg/kg Furosemide BID + Pimobendan

**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	--	--	NM	~<2.0	50	70	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	180	--	--	2.7	3.1	2.3	--

**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. Prolapse of the anterior mitral valve leaflet was noted. Mitral valve insufficiency was severe with complete filling of the left atrium. 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. A comet tail lung pattern was noted and indicative of pulmonary edema or potential concurrent pulmonary disease.

**ULTRASONOGRAPHIC FINDINGS**

- Partially compensated C1 valvular disease.



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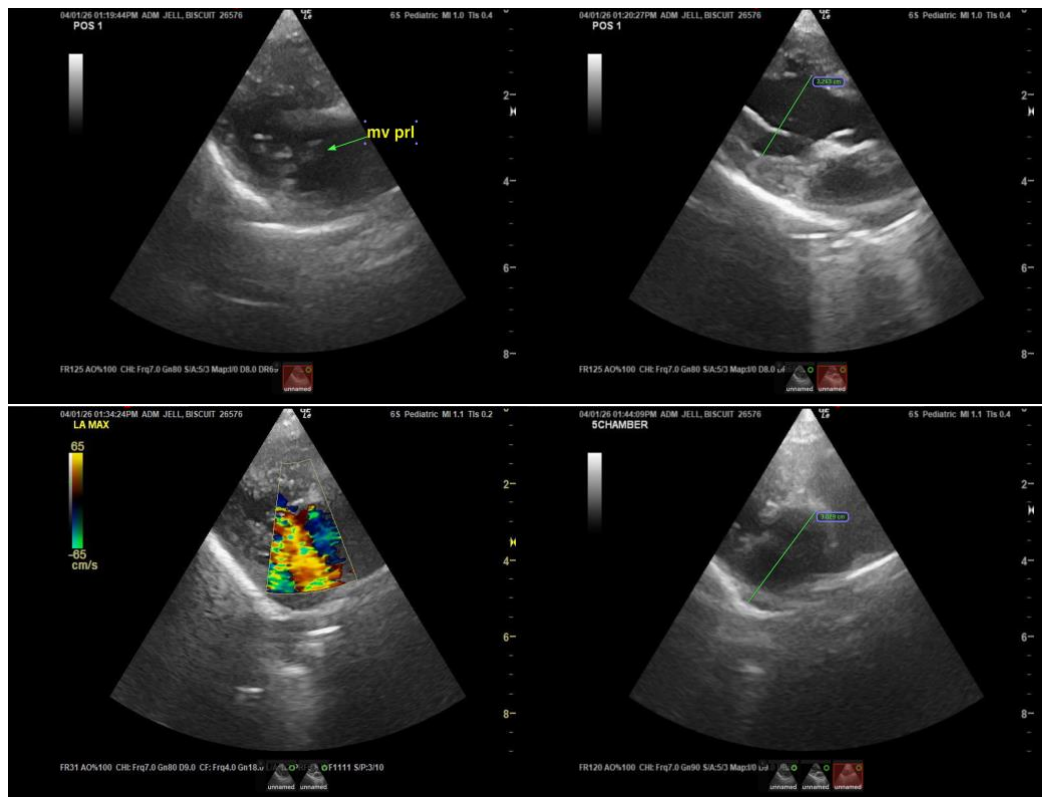
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- Mitral valve prolapse.
- Left atrial enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend adding the current protocol of Furosemide and Pimobendan: ACEi 0.50 mg/kg SID progressing to BID and Spironolactone 1.0 to 2.0 mg/kg SID. Recheck echo in 3-4 weeks. Chest radiographs are warranted to assess for concurrent alveolar disease.



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, Owner, Founder -- SonoPath.com

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



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