

PATIENT

Duggie Caputo

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

28.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING

PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Maria Cruz

INVOICE

36596

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Periodic coughing, Grade I-II/VI systolic murmur, R/O cardiac disease, No current medication.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem not done HWT - Ana + Finished doxy U/A not done.

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	NM	--	46	78	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	--	2.00	--	28.5 lbs	5.7	4.0	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Chamber volumes and echogenicity were normal. Prolapse of the anterior mitral valve leaflet was noted. Doppler indicated measurable insufficiency. 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 or chamber overload. **Tricuspid** insufficiency was noted. 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). Slight pericardial effusion was noted without tamponade effect. Periodic arrhythmia was noted in this patient.

ULTRASONOGRAPHIC FINDINGS



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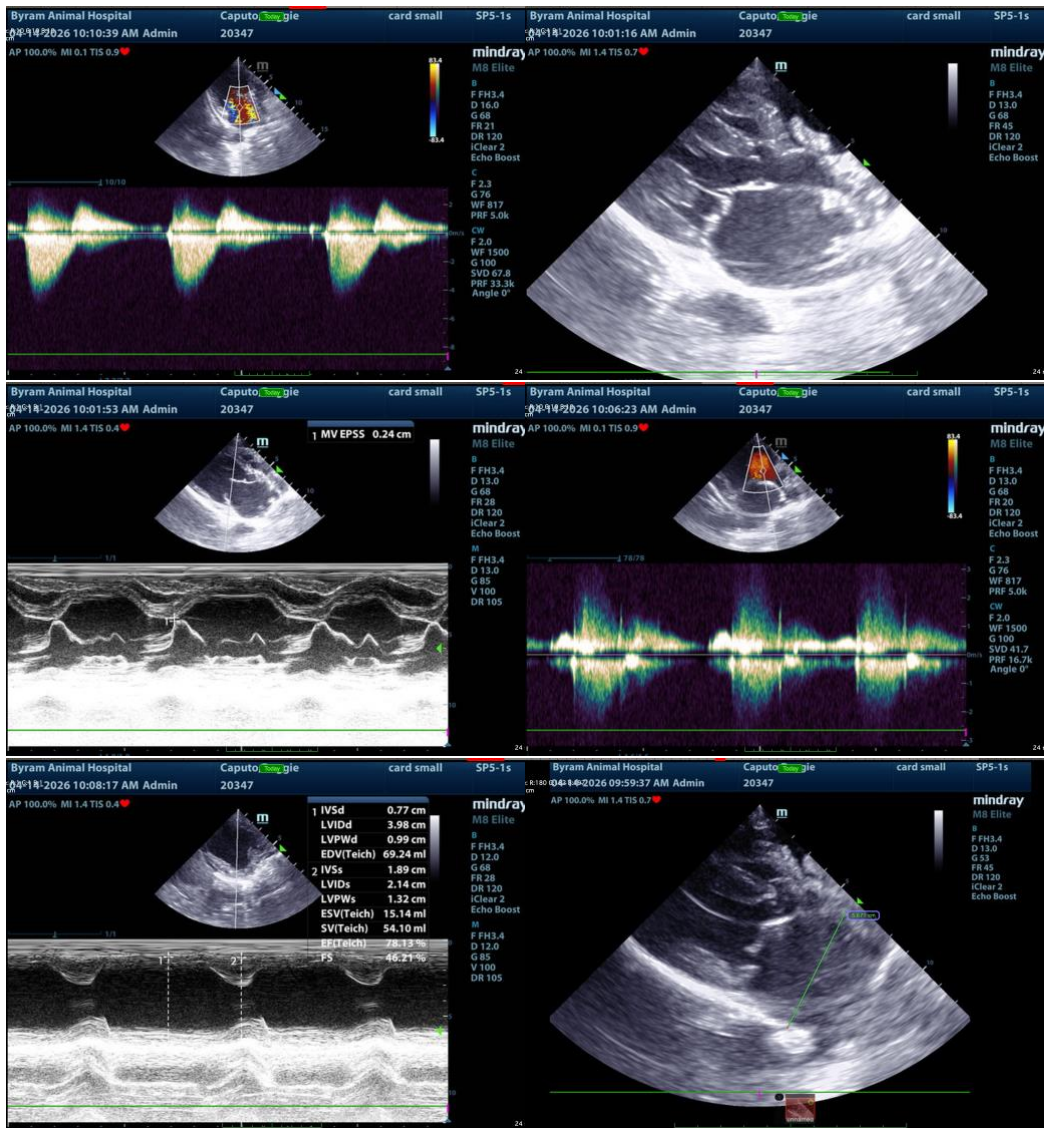
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- Stage B-2+ - early C-1 valvular disease with volume overload of the left atrium and left ventricle
- Slight pericardial effusion- strong concern for left atrial leak
- Periodic arrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend treating for left sided heart failure with strict cage rest for this patient. Arrhythmogenic activity was noted. EKG is indicated. Triple therapy with pimobendan at a dose of 0.3 mg/kg BID, ACE inhibitor at a dose of 0.5 mg/kg SID, progressing to BID, and Lasix at a dose of 2.0-3.0 mg/kg BID. Recheck echo in 5-7 days to assess for any progression or regression of the pericardial effusion. The patient is at risk for sudden death. Prognosis is very guarded.





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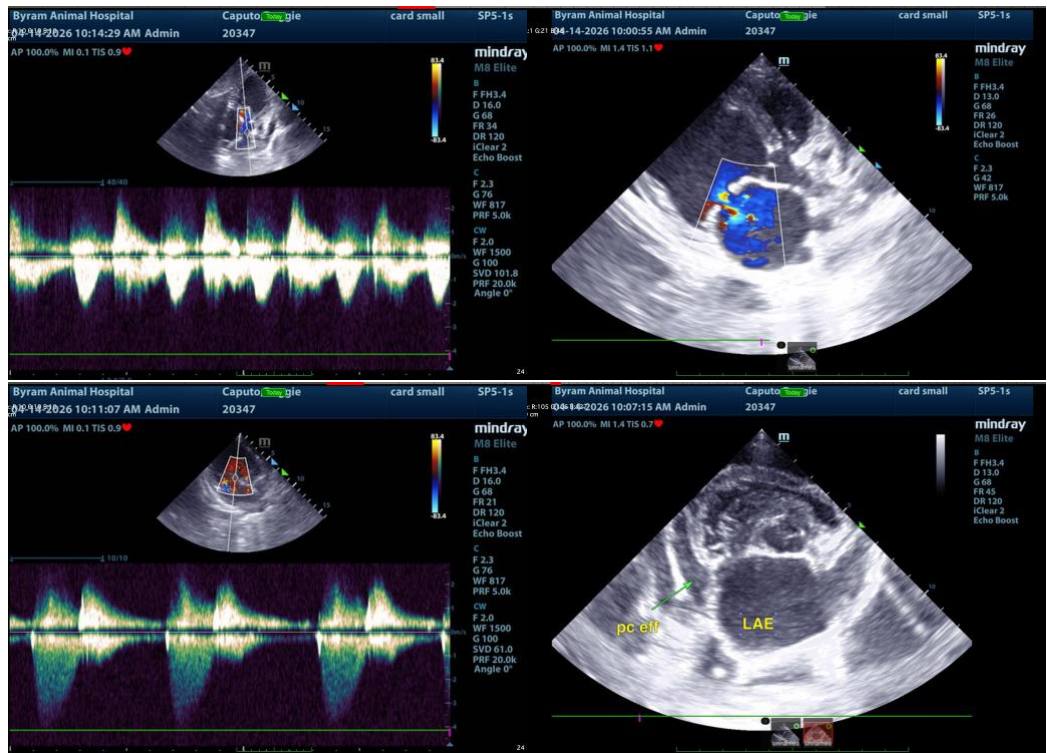
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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