



PATIENT

Bella Santiago

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

12.5

WEIGHT

7.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

15149

DATE

04/15/26

PRESENTING CLINICAL SIGNS

Chronic mitral valve disease (B2)

Abnormal PE/Chem/CBC/UA Results: Distended abdomen Heart murmur grade 5/6 Radiograph- Enlarged heart, enlarged liver, enlarged, Ascites Bw- Mild anemia, mildly elevated ALPK

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

| 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 | -- | -- | >2.0 | >2,5 | 35 | -- | NM |
| CANINE CARDIAC PARAMETERS | HR (BPM) | AV VMAX (m/s) | PV MAX (m/s) | BODY WEIGHT | 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 | -- | 1.2 | 0.9 | 7.1 | 3.9 | 3.2 | -- |

Cardiac Presentation

Cardiac presentation presented with mitral insufficiency and severe tricuspid insufficiency with volume overload of the left and right heart. Left and right atrial enlargement was present. A trace amount of pericardial effusion was present. Prolapse of the anterior mitral valve leaflet was observed.

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 3.4 cm in length. The right kidney measured 3.2 cm in length. The left kidney revealed pyelectasia measuring 1.3 cm x 0.40 cm. Pinpoint mineralizations were noted.

Adrenal Glands

Both **adrenal glands** were not visualized.



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Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was enlarged with hepatic vein and vena cava dilation and coarse architecture. Passive congestion seems to be the cause of the ascites. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** was enhanced owing to surrounding ascites.

Free Abdomen

A moderate amount of mildly echogenic ascites was noted.

ULTRASONOGRAPHIC FINDINGS

- Stage C valvular disease with myocardial insufficiency.
- Left and right sided heart failure.
- Ascites secondary to the right sided heart failure.
- Enlarged liver.
- Age-related renal changes with left kidney pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is guarded long term, however, recommend initiating Pimobendan 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID, and spironolactone 1 to 2 mg/kg SID, LASIX 2 to 3 mg/kg BID. Monitoring of blood pressure, BUN, creatinine is recommended. Recheck echocardiogram in approximately 10 days to assess the necessity for sildenafil in this patient.



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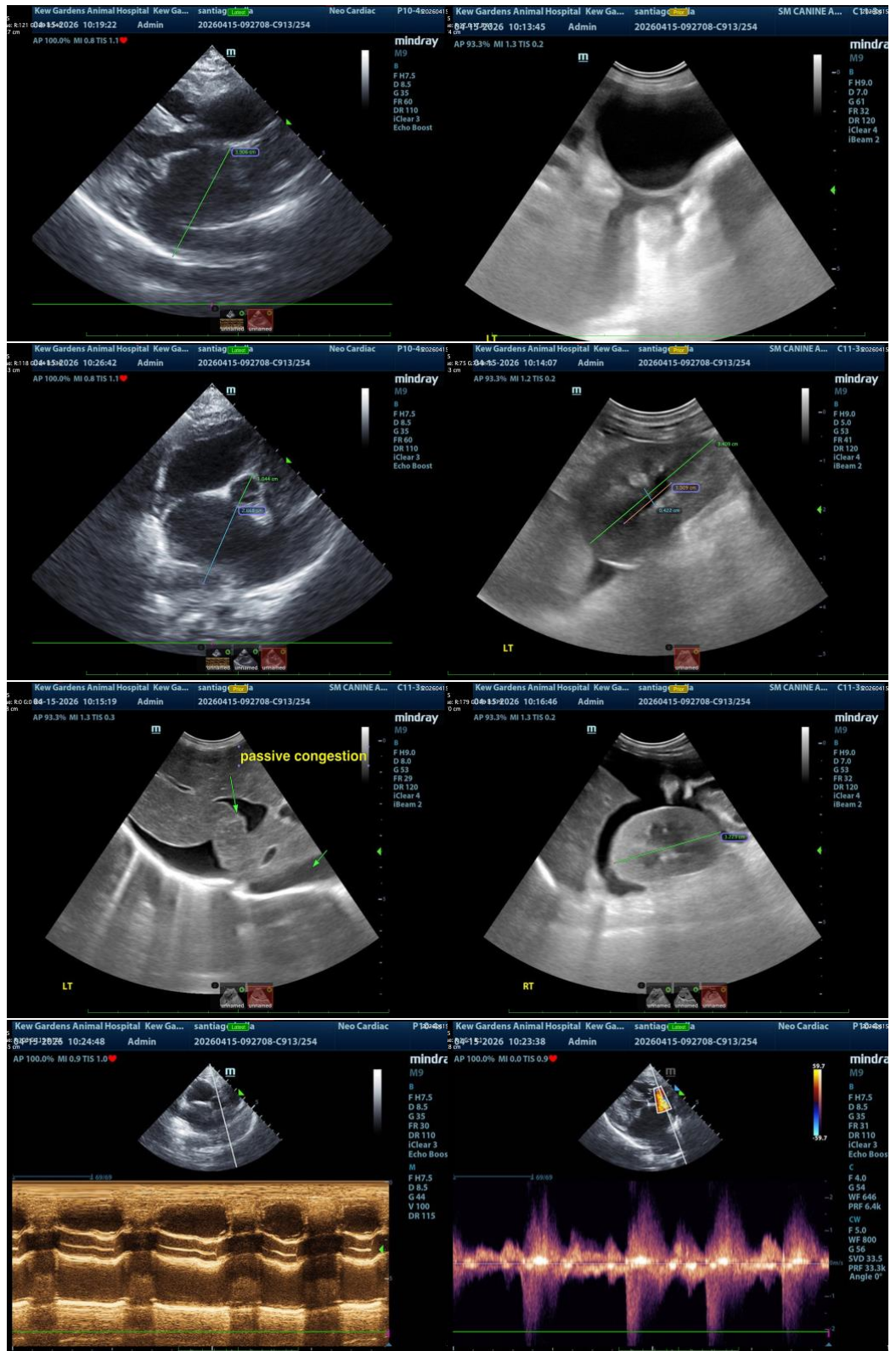
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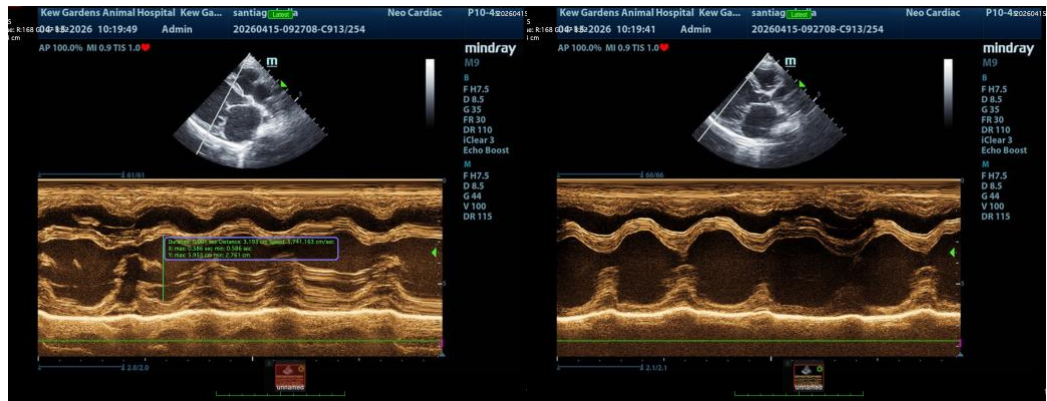
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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