



## PATIENT

Omaha Bodero

## SPECIES

Canine

## BREED

Cockapoo

## SEX

Male

## AGE

9 years

## WEIGHT

22.7 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## PRESENTING CLINICAL SIGNS

History: Left side systolic heart murmur  
Left side systolic heart murmur, alert and active. ALT 18 21-108 (normal)

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Severe dilation was noted with significant deviation of the atrial septum owing to volume overload. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. There was prolapse of the Doppler indicated measurable insufficiency. The **left ventricle** presented volume overload of with non-compensatory contractility. 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. Pulmonary edema was noted with B lines in the peripheral lung field. Periodic bradyarrhythmia was noted during the exam.

## IMAGING PERFORMED BY

Dr. Otto Williams

## HOSPITAL NAME

Animal Care Center of  
Smyrna

## REFERRING VET

Dr. Williams

## INVOICE

74609

## DATE

4/20/26

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	2.0	28		0.6
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			0.7	22.7 lbs	5.3	4.23	



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## ULTRASONOGRAPHIC FINDINGS

Stage C valvular disease with volume overload and left-sided heart failure and poor contractility.

Periodic bradyarrhythmia noted during the exam.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Radiographic assessment for wet lung is warranted. Thyroid assessment and baseline cortisol is recommended to assess for underlying Addison's is indicated given the poor contractility. Taurine levels would also be warranted as well as assessment for any history of nutritional deficits that may be causing poor contractility. EKG or Holter monitor is indicated. I recommend initiating 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 b.i.d. and Lasix at 2 mg/kg b.i.d.

The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary.

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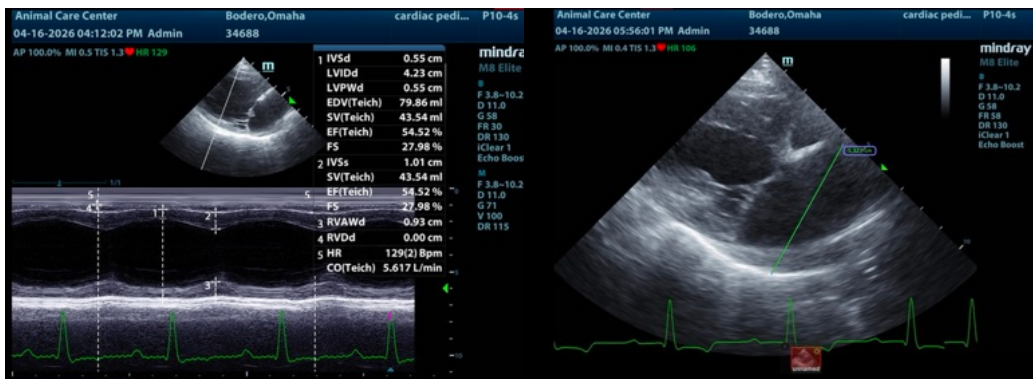
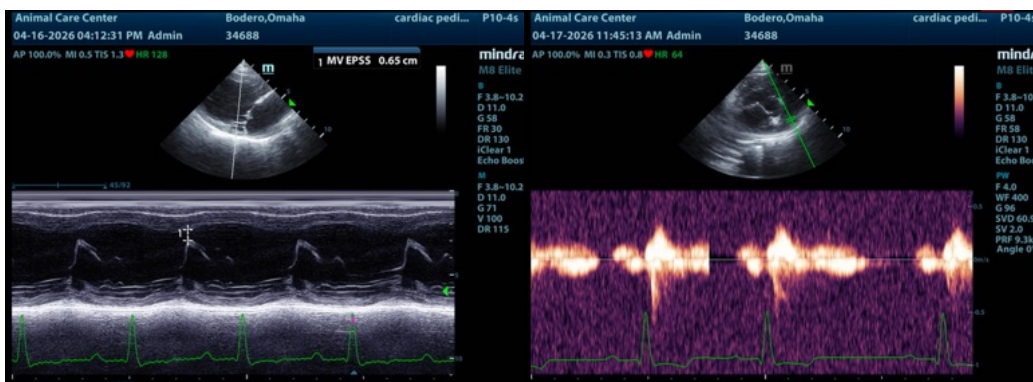
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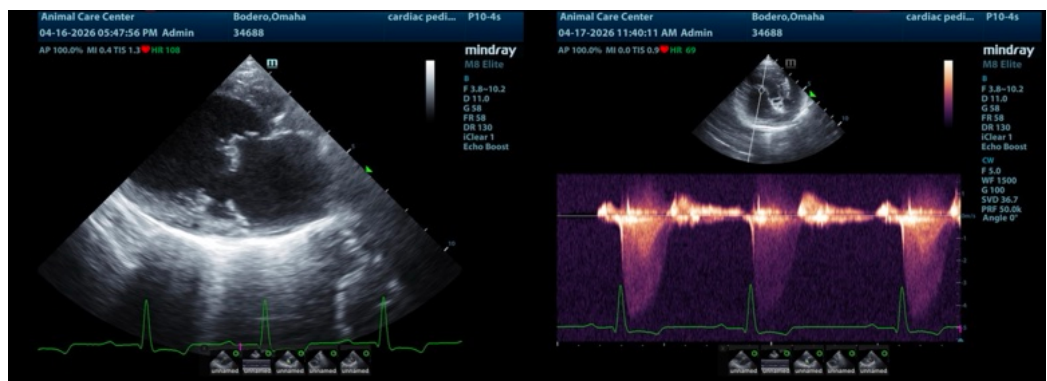
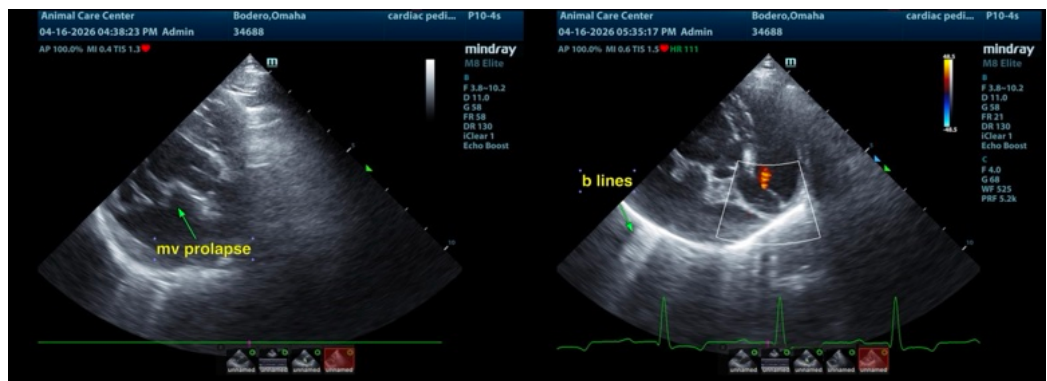
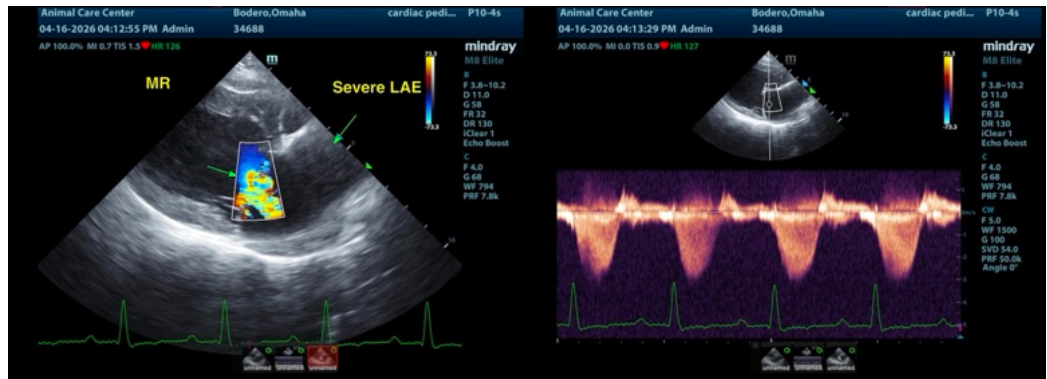
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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