



PATIENT

Cali Baskerville

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Female

AGE

12 Years

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Bond Vet Montclair

REFERRING VET

Dr. Sposato

INVOICE

15511

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Pre-Op screen for planned mass removal. Grade V/VI murmur. Sedated with gabapentin. Current medications - Melatonin.

Abnormal PE/Chem/CBC/UA Results: No current labwork; Pre-Op bloodwork pending.

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	5.92	2.26	2.0	1.9	39	72	0.3
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	140	1.4	--	5.9	3.6	3.36	--

Cardiac Presentation

The echocardiogram in this patient demonstrated enlarged **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. Doppler indicated severe insufficiency with complete filling of the left atrium on color flow assessment. 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 measurable insufficiency. 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.

ULTRASONOGRAPHIC FINDINGS

- Stage B2 valvular disease with mitral and tricuspid insufficiency.



PATIENT

Cali Baskerville

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Female

AGE

12 Years

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Bond Vet Montclair

REFERRING VET

Dr. Sposato

INVOICE

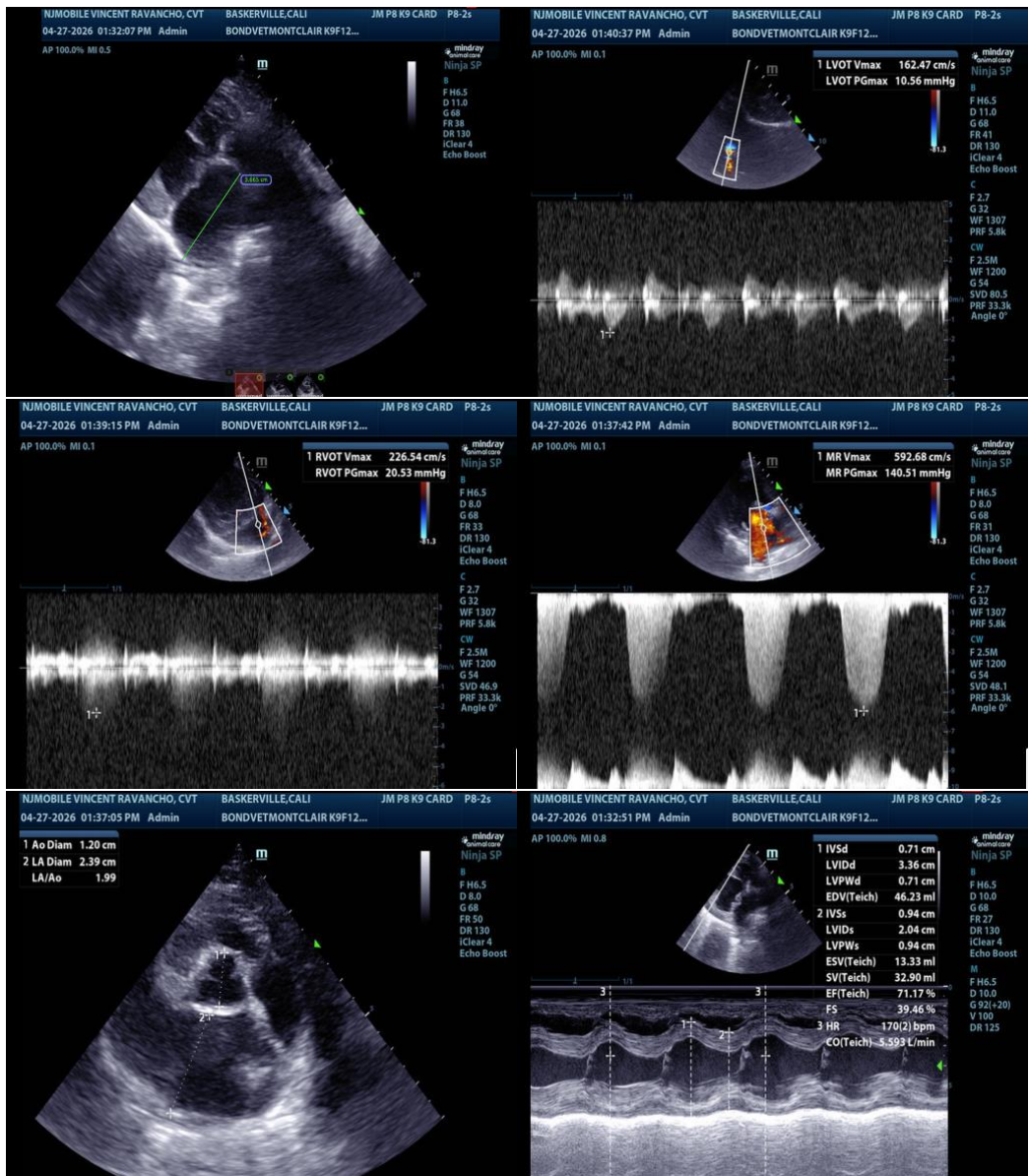
15511

DATE

04/27/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is moderate anesthetic risk in this patient. Recommend medical management prior and repeat echocardiogram in 2-3 weeks prior to surgery. If surgery is urgent, then Torbutrol premed, Propofol induction and Isoflurane maintenance is recommended. Blood pressure measurements are warranted. Recommend initiating Pimobendan 0.3 mg/kg, BID. If systolic blood pressures are greater than 160, ACE inhibitor therapy plus spironolactone would be indicated.





PATIENT

Cali Baskerville

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Female

AGE

12 Years

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Bond Vet Montclair

REFERRING VET

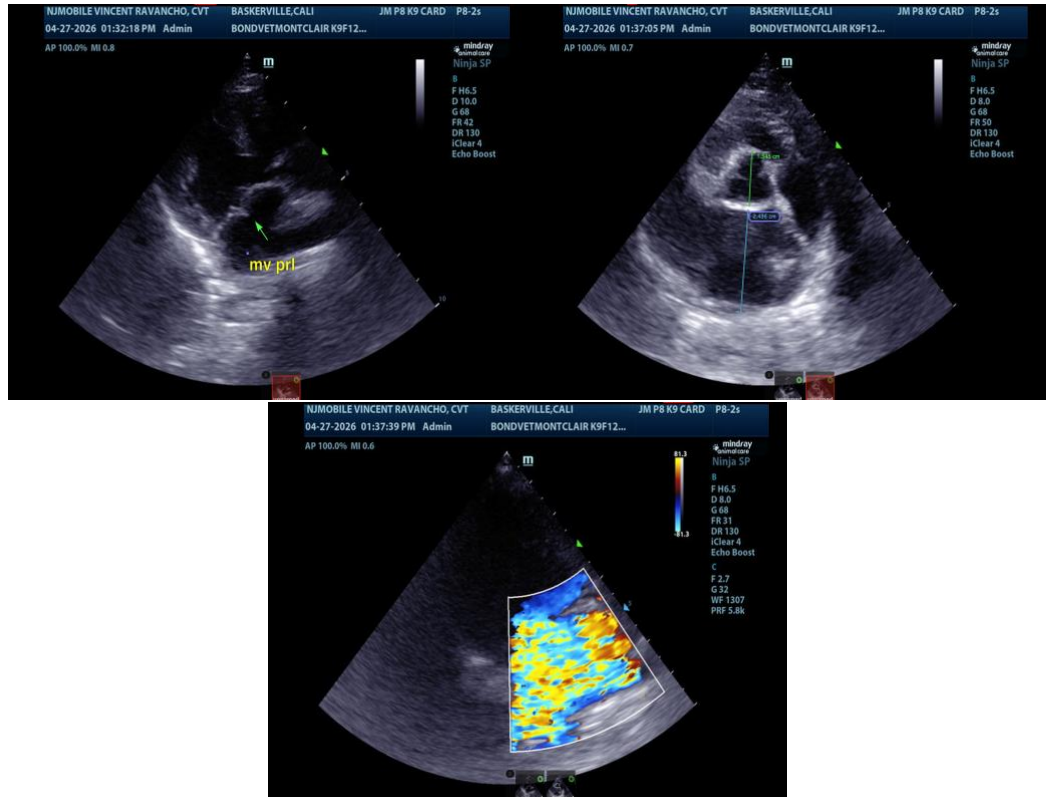
Dr. Sposato

INVOICE

15511

DATE

04/27/26



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