



PATIENT

Josie Ambrosio

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years 8 Months

WEIGHT

63.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Paws Wings & Scales
Animal Hospital

REFERRING VET

Dr. Stancel

INVOICE

15510

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Cough. Grade II/VI Heart Murmur. Clinical findings - Pet has been panting and coughing; has murmur. Radiographs - Heart enlargement w/vascular congestion, suspect pulmonary hypertension. Current medications - Carprofen, no cardiac meds.

Abnormal PE/Chem/CBC/UA Results: ALP 285

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	6.16	3.05	NM	--	36	65	0.3
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	117	1.4	0.86	63.3	7.4	5.24	--

Cardiac Presentation

The echocardiogram in this patient demonstrated severely 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 measurable mitral and tricuspid insufficiency. 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. Arrhythmogenic activity was present.

ULTRASONOGRAPHIC FINDINGS



PATIENT

Josie Ambrosio

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years 8 Months

WEIGHT

63.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Paws Wings & Scales
 Animal Hospital

REFERRING VET

Dr. Stancel

INVOICE

15510

DATE

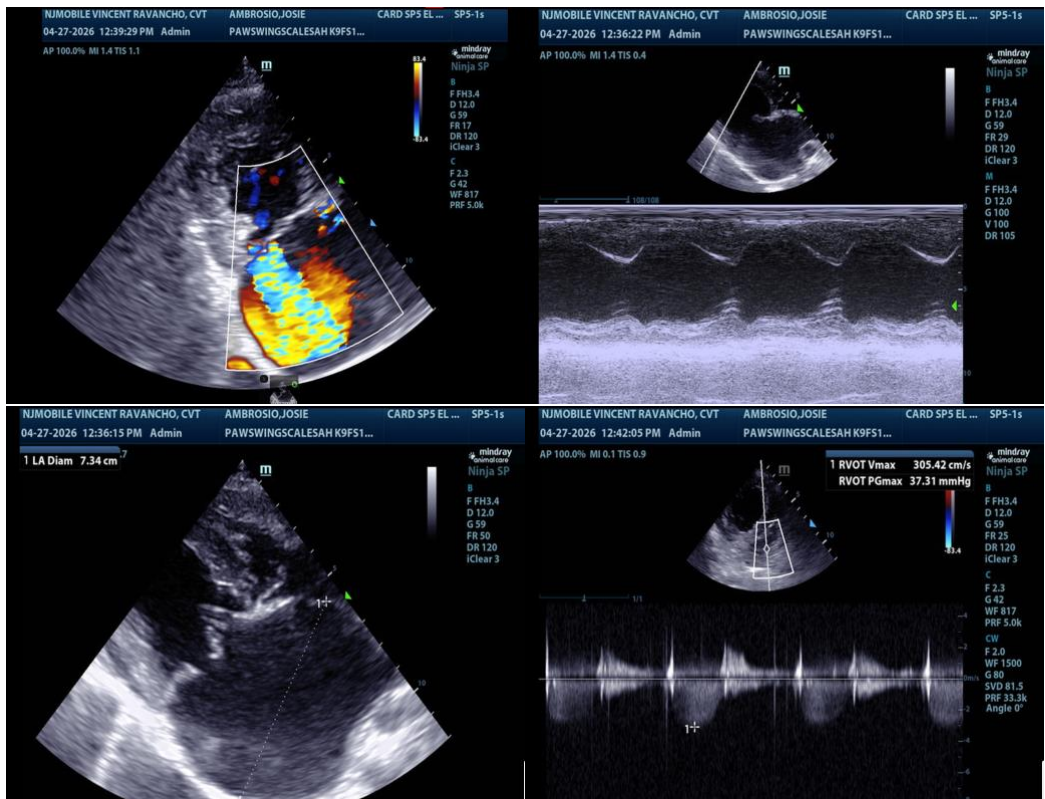
04/27/26

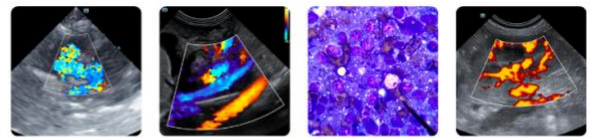
- Stage C1 valvular disease.
- Mitral valve prolapse.
- Severe left atrial enlargement
- Arrhythmogenic activity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pimobendan 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID, progressing to BID, spironolactone 1-2 mg/kg SID and Lasix at 2-3 mg/kg BID, cough suppressant with Hycodan or similar would be recommended. EKG and blood pressure is indicated. Long-term prognosis is guarded.

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.





PATIENT

Josie Ambrosio

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years 8 Months

WEIGHT

63.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Paws Wings & Scales
 Animal Hospital

REFERRING VET

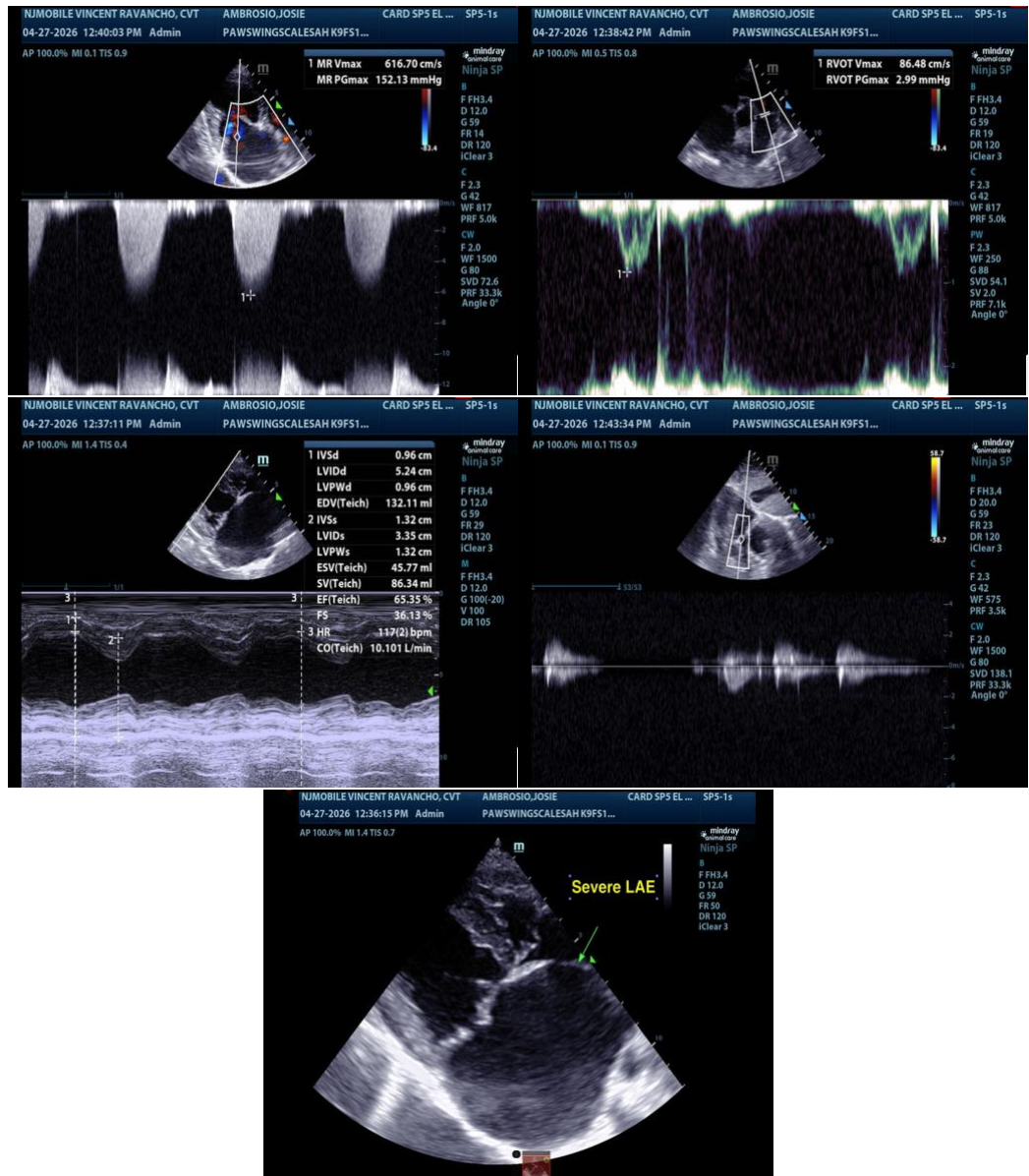
Dr. Stancel

INVOICE

15510

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



PATIENT

Josie Ambrosio

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years 8 Months

WEIGHT

63.3 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Vincent Ravancho CVT

HOSPITAL NAME

Paws Wings & Scales
Animal Hospital

REFERRING VET

Dr. Stancel

INVOICE

15510

DATE

04/27/26