



PATIENT PRESENTING CLINICAL SIGNS

Louis Dailey Follow up from 2024 Echo, #40252, with increase HM intensity. New findings of sinus rhythm with VPCs and APCs on EKG with blood pressure of 240/220 - started amlodipine recently, no re-check of BP done yet.

SPECIES

Canine Current medications - Vetmedin 1.25 mg BID, Enalapril 2mg BID, Spironolactone 8 mg BID, Amlodipine 0.5mg SID

BREED

Maltese Mix Abnormal PE/Chem/CBC/UA Results: Normal CBC Chem, U/A - 2+ hematuria, 15-20 pyuria, Marked rods, but negative culture, @+ epithelial cells. USG 1.018

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

AGE

13 Years 4 Months

WEIGHT

8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Englewood Veterinary Clinic

REFERRING VET

Dr. Ezik

INVOICE

14843

DATE

04/03/26

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	--	--	<3.0	--	40	--	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	NM	1.19	1.28	8.0	4.7	4.1	--

Cardiac Presentation

Cardiac presentation in this patient presented with persistent significant volume overload of the left atrium and left ventricle. Vegetative anterior mitral valve leaflet and prolapse. Severe mitral insufficiency and tricuspid insufficiency was noted. The hepatic veins were dilated, consistent with passive congestion. No pericardial or pleural effusion was present. The pulmonic and oartic outflows were normal.

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 **residual prostate** measured 1.0 cm.



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The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.56 cm x 0.53 cm width at the cranial pole and 0.44 cm width at the caudal pole. The right adrenal gland measured 1.27 cm x 0.80 cm width at the cranial pole and 0.45 cm width at the caudal pole.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Mild passive congestion was noted. The gallbladder presented a minor amount of coalesced bile with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed a shadowing structure measuring 2.0 cm. The small intestine and colon were unremarkable. A pyloric structure was present measuring approximately 1.4 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild passive congestion liver pattern.
- Shadowing gastric structure- did not appear obstructive yet cannot be discerned from an embedded foreign body from a mural lesion.
- Emerging left/right sided heart failure owing to valvular disease.
- Age-related renal changes.



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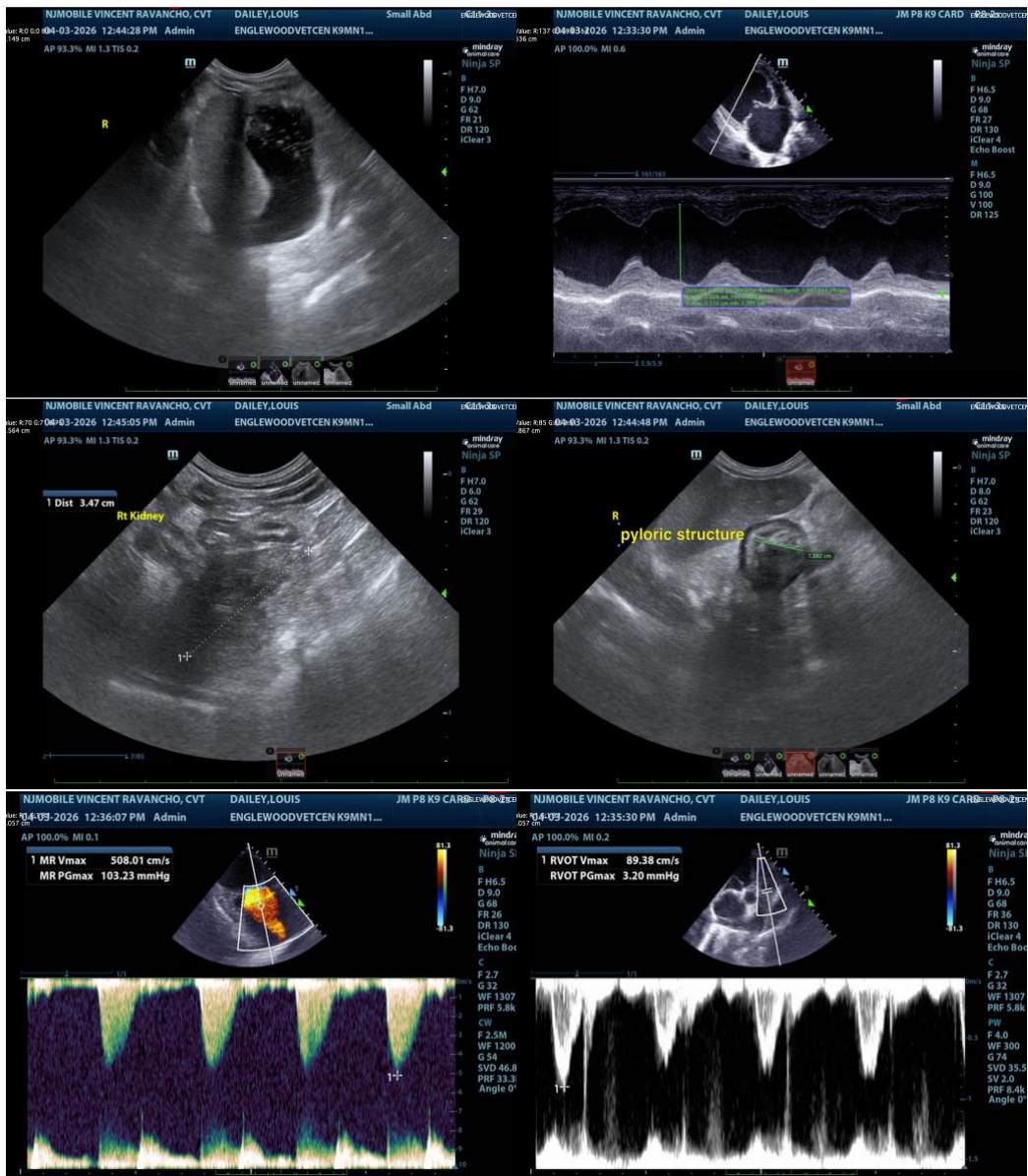
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant decompensation has occurred since the prior echocardiogram. Recommend adding LASIX at 2.0 mg/kg BID and management with antihypertensives with Valsartan if Amlodipine it is not adequate to reduce systolic pressure less than 160.

Assessment for gastric upper GI signs is warranted given the structure noted in the lumen. Recheck sonogram in one month regarding the heart and upper GI tract/gastric lumen. Prognosis is very guarded.





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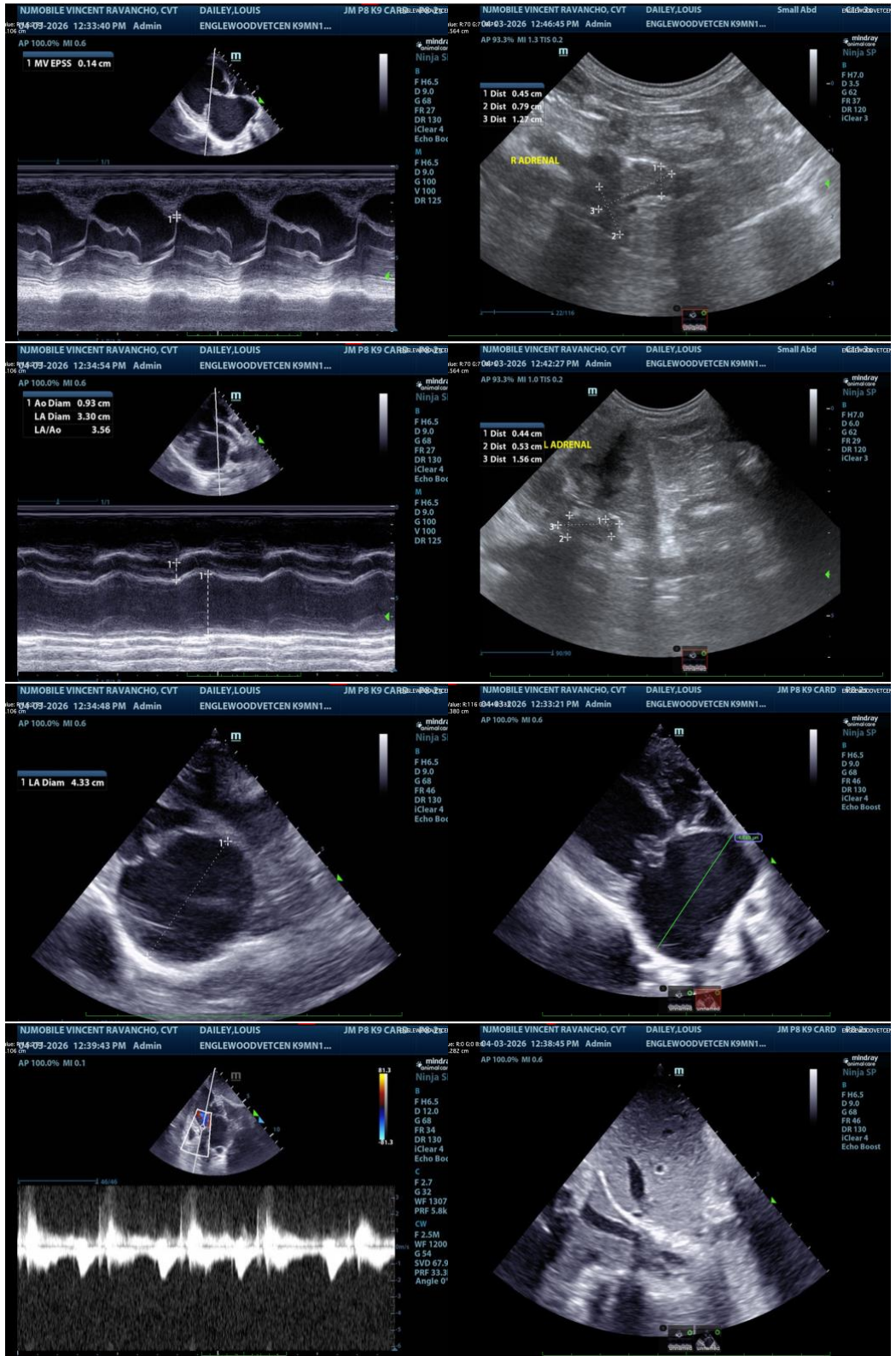
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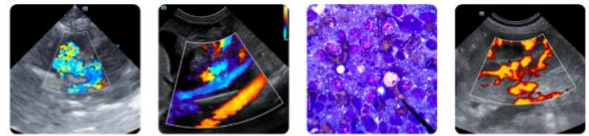
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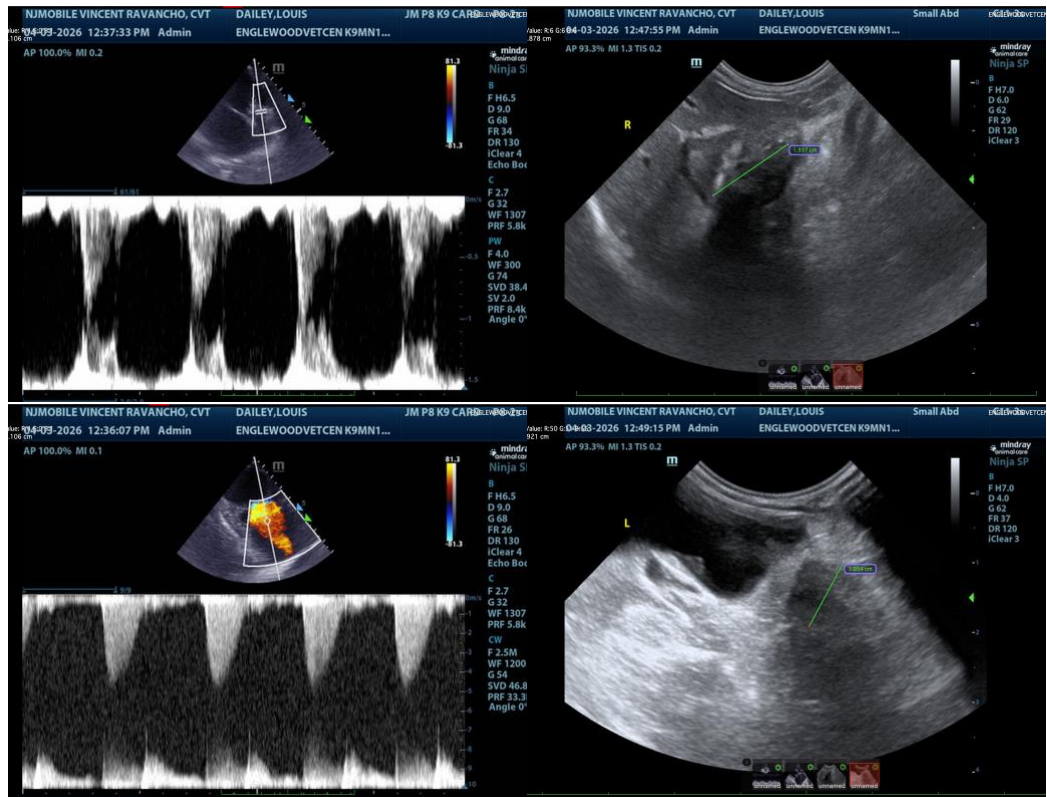
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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