



PATIENT

Maya Intorella

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

9 Years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT
CVT

HOSPITAL NAME

Midland Park
Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

15618

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Recheck echo- Stage B2 mitral dz. Progressive cough/ resp effort. Patient has a liver mass for which further dx/tx were not pursued. No evidence of pulm edema or metastasis on rads. Collapsing trachea present. Current meds: Pimobendan 1.25mg BID

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	5.8	--	2.1	1.76	59	90	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	150	1.3	0.78	9.2	3.7	3.17	

E-wave Velocity: 1.2

Cardiac Presentation

The echocardiogram in this patient presented with progressive volume overload of the left atrium and left ventricle. Prolapse of the mitral valve leaflet was noted. Severe mitral and tricuspid insufficiency was present.

ULTRASONOGRAPHIC FINDINGS

- Stage B2 valvular disease based on volume overload and elevated E-wave velocity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend adding to the current Pimobendan protocol ACEi at 1.5 mg/kg SID progressing to BID and Spironolactone 1.0 to 2.0 mg/kg SID. If any pulmonary edema is present, then Lasix would be indicated, however, not suspected.

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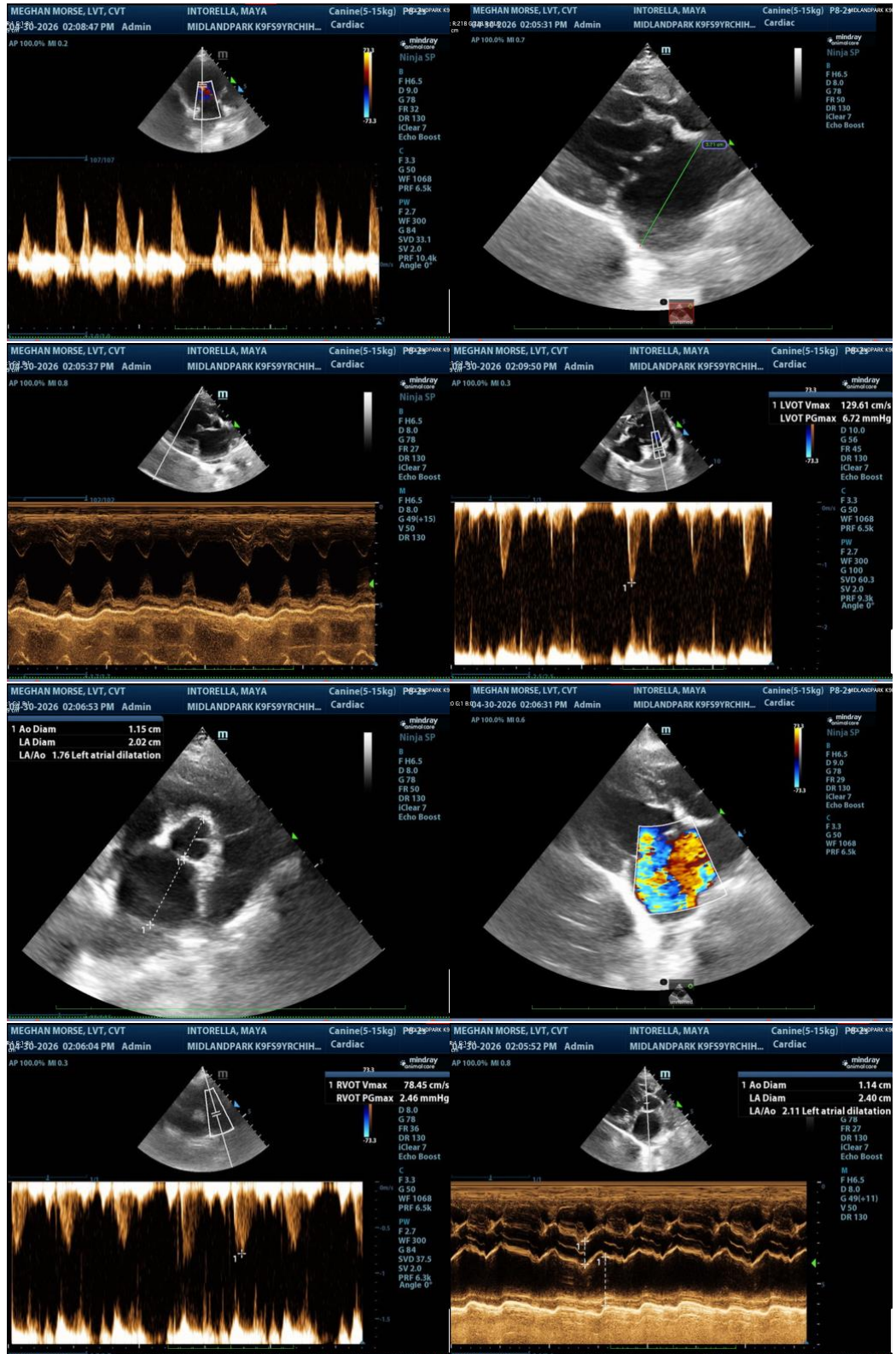
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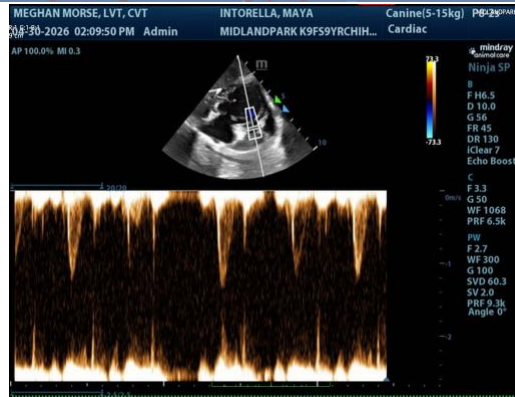
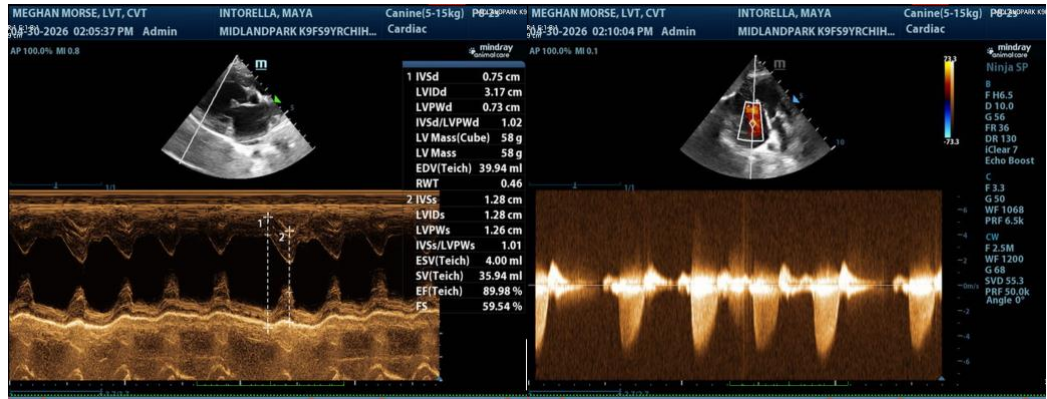
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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