



PATIENT

Bella Reidman

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

14 Years 1 Month

WEIGHT

13.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park
Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

74339

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Chronic cough, mostly at rest. Grade 4/6 systolic murmur. Chest rads not pursued by O, begin w/ echo.

Abnormal PE/Chem/CBC/UA Results: BW WNL 1/16/16, BP: 194/109(137) HR 156, 172/92 (123) hR 153, 158/95 (121) HR 160, L fron 3.5 cuff

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 | 3.0 | 1.4 | 1.6 | 44 | 77 | 0.2 |
| 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 | 168 | 1.3 | 0.68 | 13.3 | 4.2 | 3.42 | -- |

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. Prolapse of the anterior mitral valve leaflet noted. The **left ventricle** presented 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** insufficiency also noted. 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 B1 valvular disease with mitral valve prolapse and left atrial enlargement.



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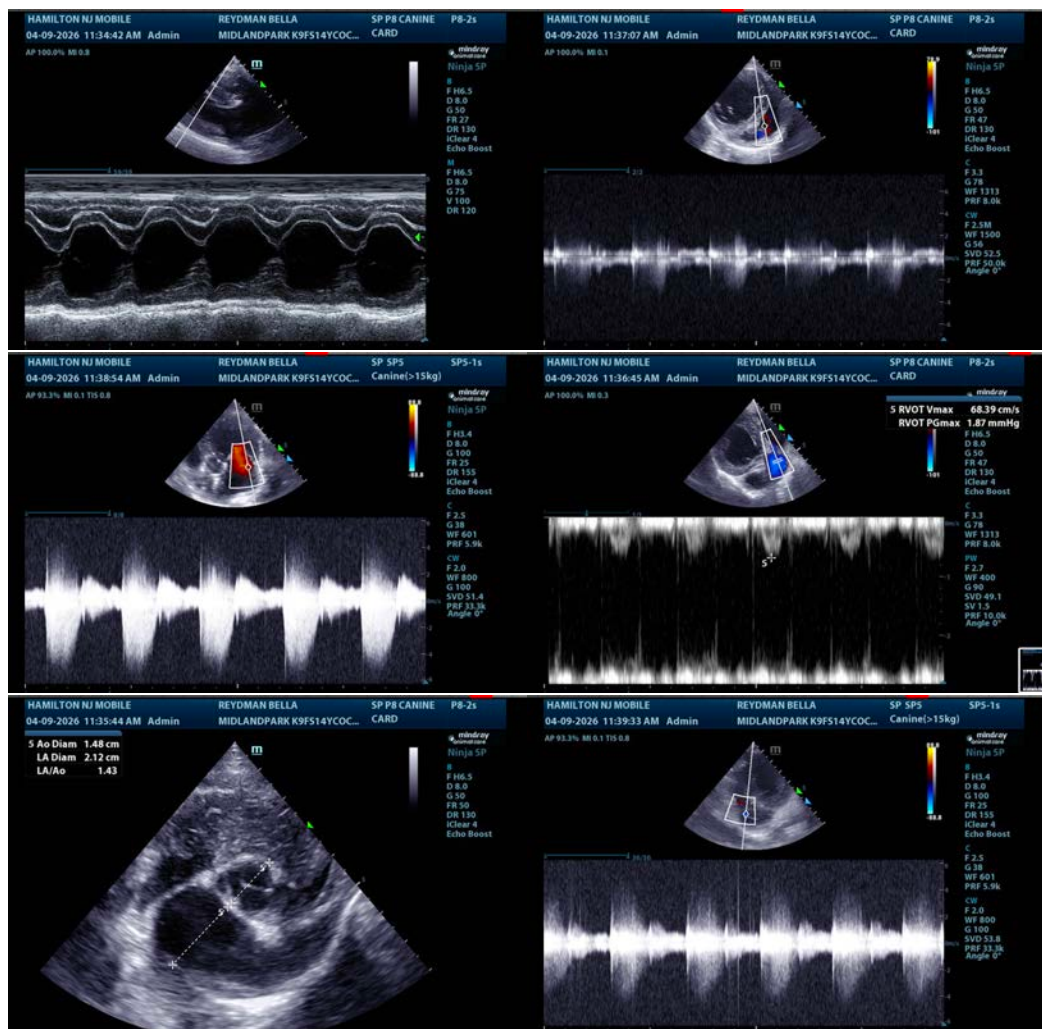
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend anti-hypertensives in this patient. Recommend ACE inhibitor 0.5 mg/kg SID progressing to BID and Pimobendan 0.3 mg/kg BID. Spironolactone could be considered at 1-2 mg/kg SID. Target systolic blood pressure of <150.

The heart has minor volume overload and is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating or adjusting therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 3-6 months, earlier if clinical decompensation is occurring. Minor anesthetic risk for a brief procedure at this time. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary. A suggested anesthetic combination would involve torbutrol premed, propofol induction, isoflo maintenance or equivalent protocol.





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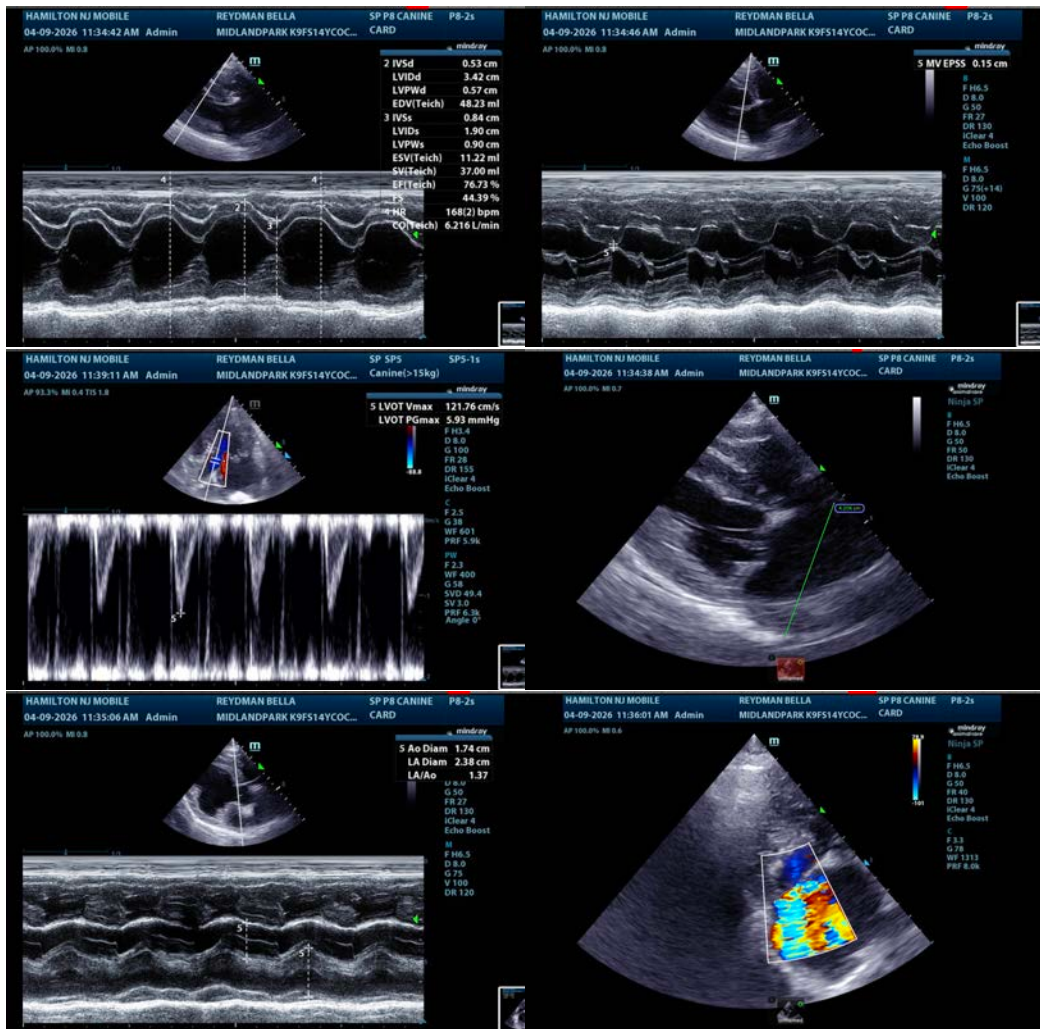
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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