



**PATIENT**

Andi Batsch

**SPECIES**

Canine

**BREED**

Pinscher Mix

**SEX**

Spayed Female

**AGE**

11 Years 8 Months

**WEIGHT**

31 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Black River Veterinary  
Hospital

**REFERRING VET**

Dr. Gussman

**INVOICE**

15670

**DATE**

05/01/26

**PRESENTING CLINICAL SIGNS**

Echo prior to mass removal. Grade 4/6 systolic murmur.

**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	6.0	2.38	1.45	1.24	40	71	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	133	1.46	0.87	31	4.3	4.32	--

**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. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. 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.

**ULTRASONOGRAPHIC FINDINGS**

- Early stage B2 valvular disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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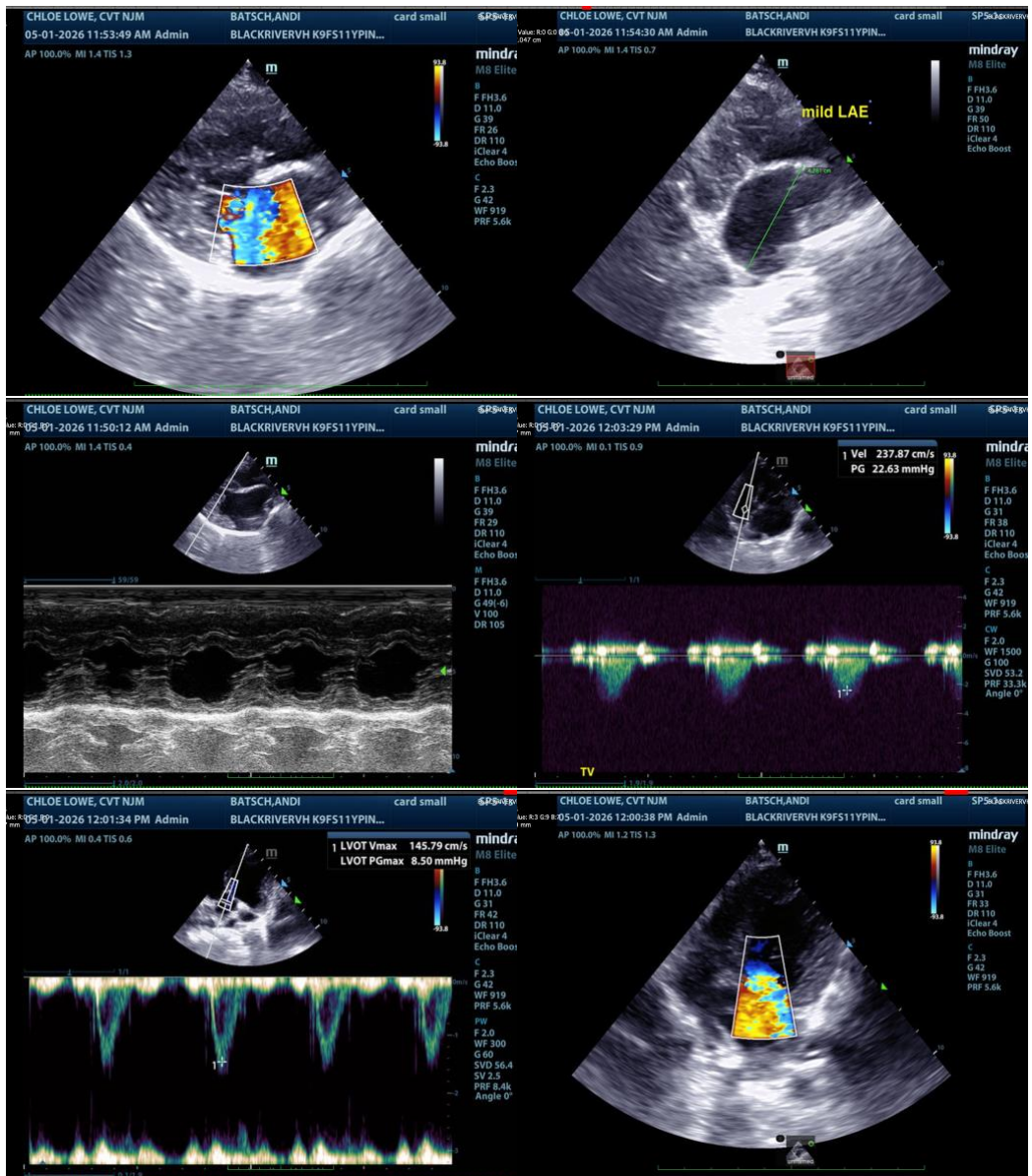
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The left atrial enlargement is mild and best represented in the LA max position as clear deviation of the atrial septum is noted. Recommend initiating Pimobendan at 0.3 mg/kg BID. If systolic blood pressure is greater than 160, ACE inhibitor therapy would be indicated at 0.5 mg/kg SID, progressing to BID. There is minimal anesthetic risk at this time. Torbutrol premed, Propofol induction and Isoflurane maintenance is recommended. However I recommend approximately one week on the new medication protocol prior to anesthesia with limited anesthetic time.





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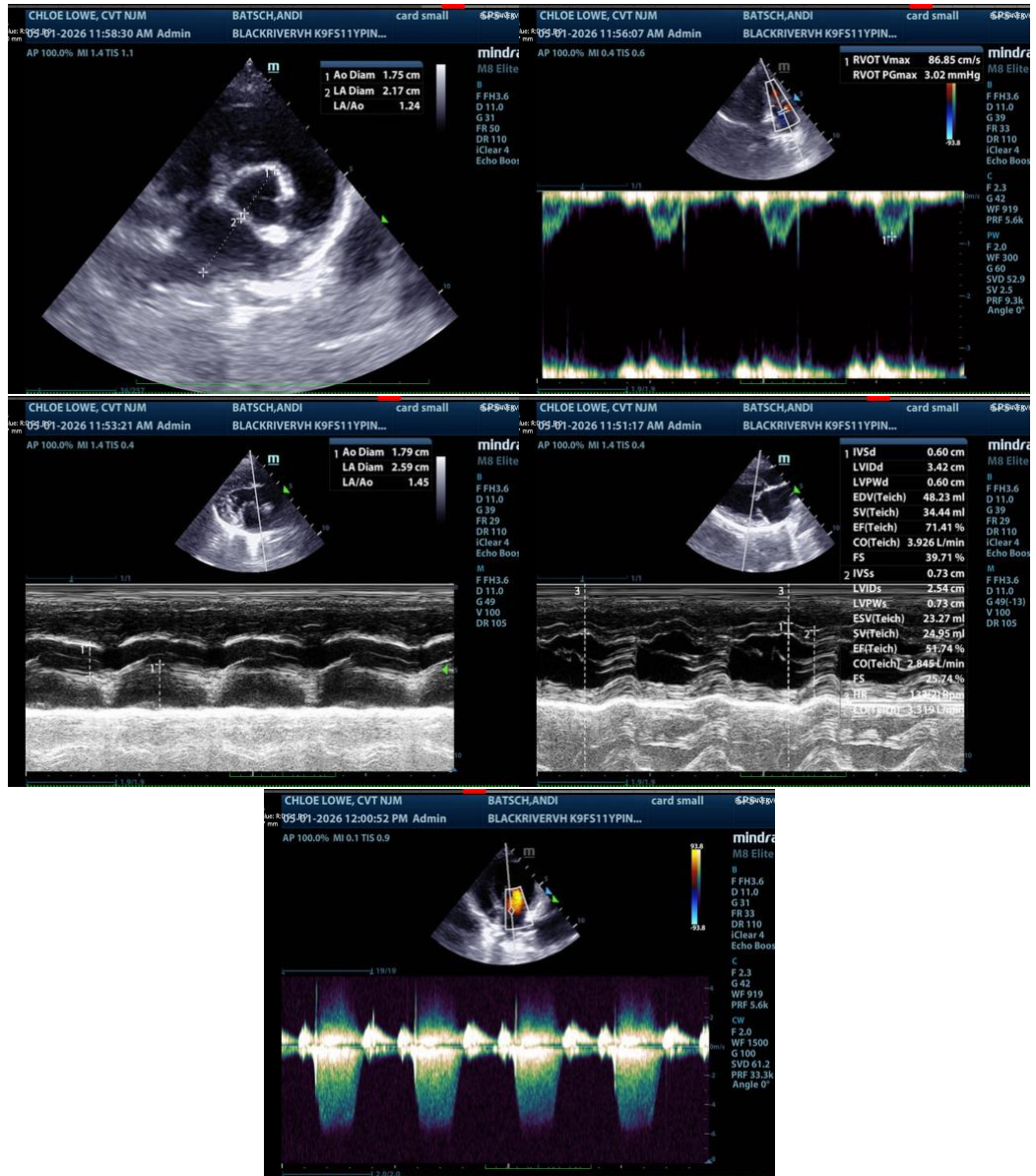
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)



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