PATIENT

Finnegan Babcock

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 Years 8 Months

WEIGHT

19.4 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. Earle

INVOICE

16256

DATE

05/15/26

PRESENTING CLINICAL SIGNS

History of MVD. Recheck echo last performed 3/2024. Overall doing well. Pimobendan 2.5 mg BID, Apoquel 5.4 mg SID.

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	--	1.6	2.0	35	60	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	1.99	0.9	19.4	4.4	3.8	--

E-wave Velocity: 1.4

Cardiac Presentation

The cardiac presentation in this patient presented with moderate left atrial enlargement with mitral valve prolapse. Volume overload in the left ventricle was noted with non-compensatory contractility. I'm concerned about emerging left-sided congestive heart failure in this patient, even though wet lungs are not suspected. Arrhythmogenic activity was also noted with bigeminy pattern. The hepatic veins were slightly dilated. Tricuspid insufficiency was also present.

ULTRASONOGRAPHIC FINDINGS

- Stage B2+ valvular disease given the elevated E-wave velocity and significant volume overload of the left atrium/left ventricle.
- Arrhythmogenic activity- suggestive of myocardial irritability.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG or Holter monitor would be indicated in this patient. Recommend adjusting current protocol, in addition to Pimobendan, adding ACE inhibitor 0.5 mg/kg SID, progressing to BID, and spironolactone at 1-2 mg/kg BID. If any evidence of pulmonary edema is present, then low-dose Lasix should also be considered. An echocardiogram earlier if any clinical signs develop. Recommend reassessment of patient history for any evidence of coughing or exercise intolerance.

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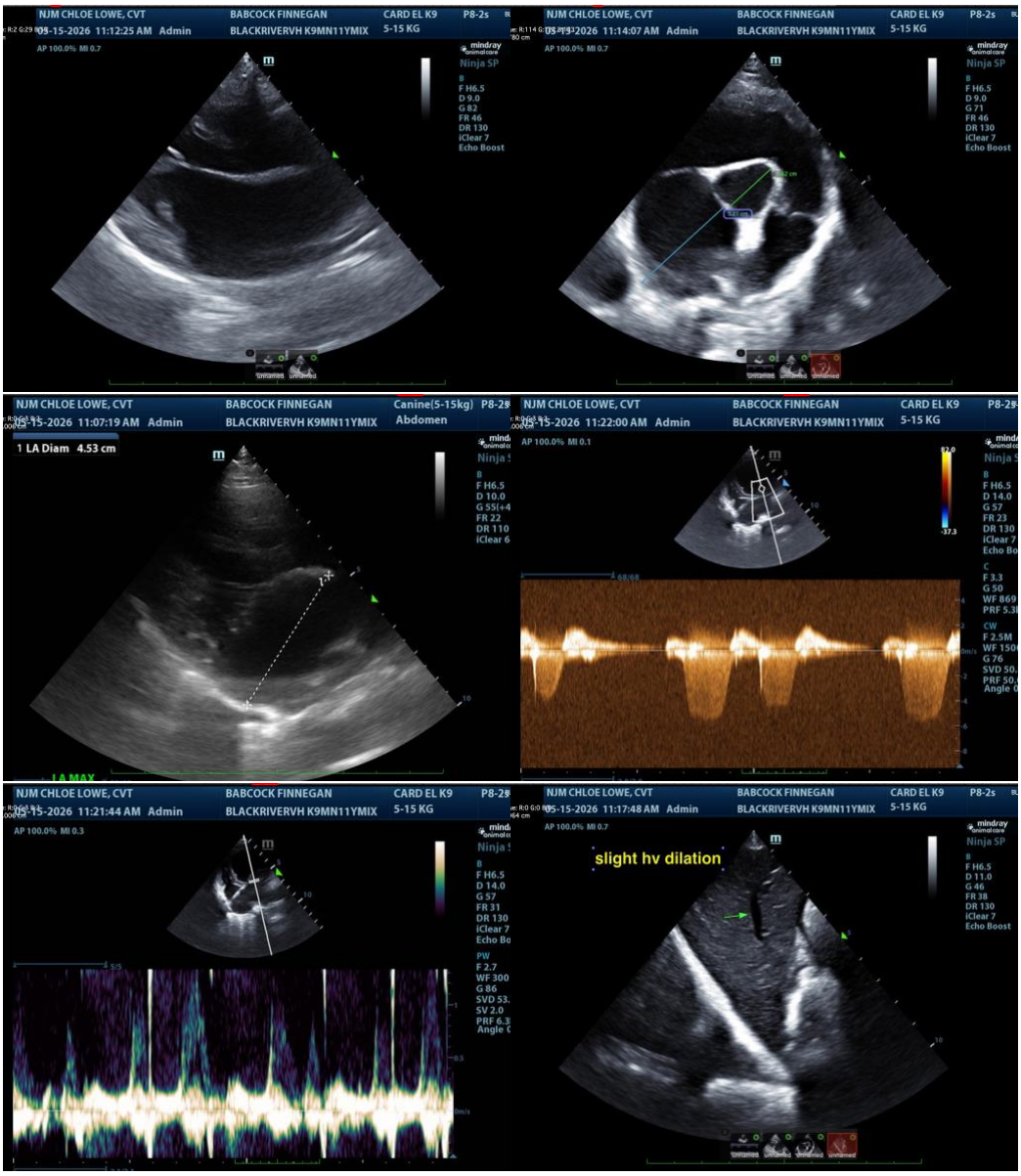
The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & 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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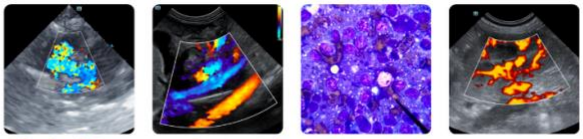

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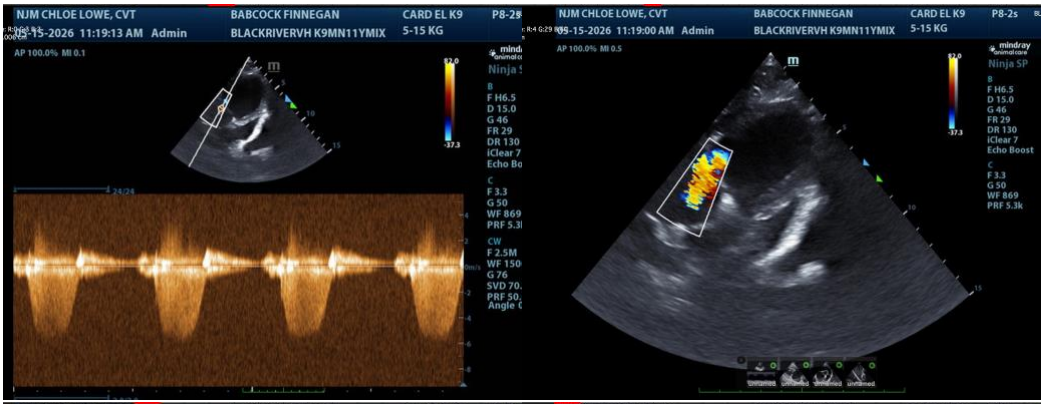

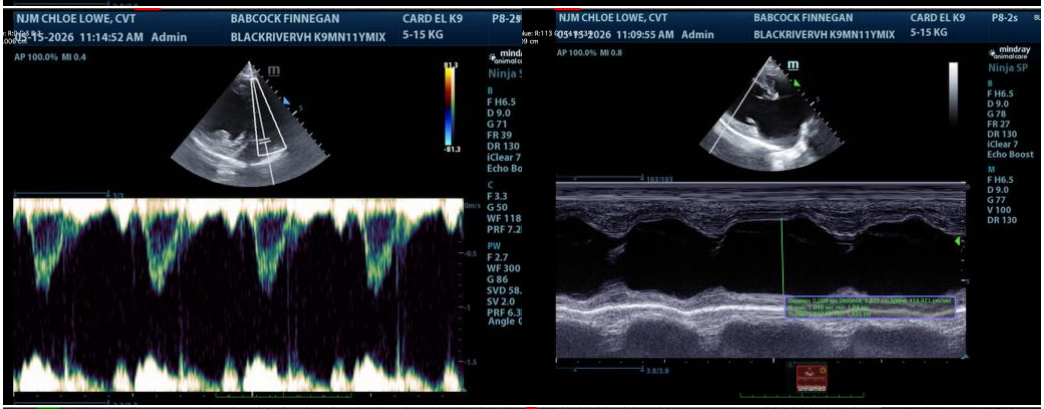

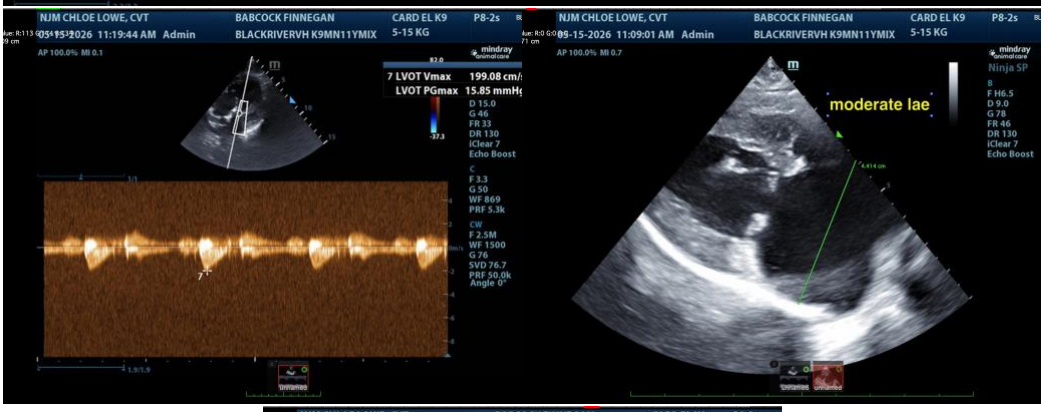

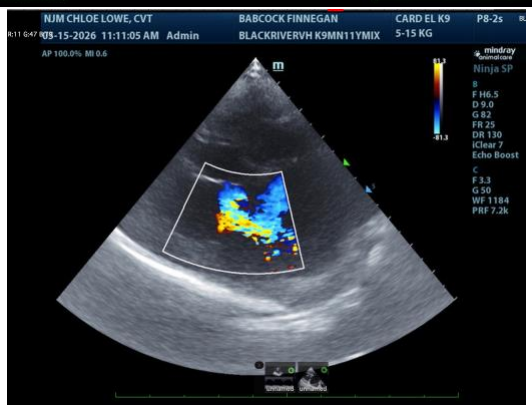

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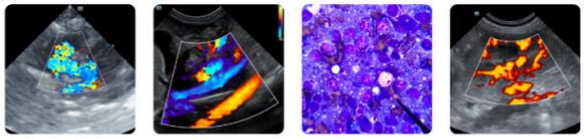

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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