

**PATIENT**

Aki Kruesi

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

28.1 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Alex McFeely DVM

**HOSPITAL NAME**

Centre Animal Hospital

**REFERRING VET**

Alex McFeely DVM

**INVOICE**

15834

**DATE**

05/05/26

**PRESENTING CLINICAL SIGNS**

Aki presented for cardiac ultrasound today with a history of cough and suspected cardiomegaly. Started on furosemide in March 2024 with positive effect, enalapril in March 2025, and Pimobendan Jan. 2026 after cough had worsened and lethargy had increased. Doses of cardiac triple therapy medications: 25mg furosemide orally every 12 hrs, enalapril 7.5mg every 24 hrs and Vetmedin (Pimobendan) 2.5mg every 12 hrs.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

*Image sets were excessively dark owing to poor acoustic penetration.*

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	--	--	>2.0	>2.0	40	90	0.5
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	90	--	--	28.1	5.7	4.2	--

**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 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. Arrhythmogenic activity was present.



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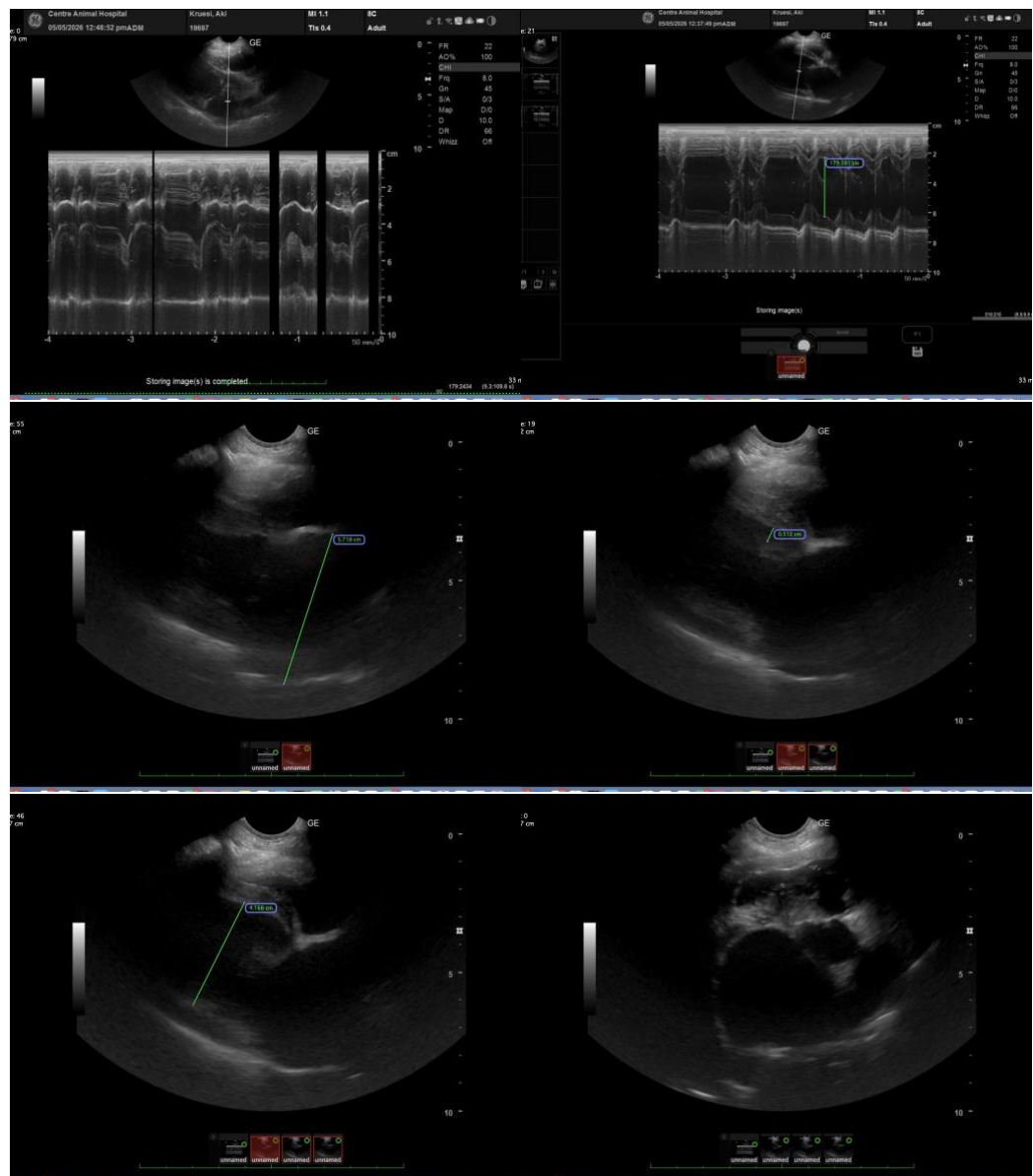
05/05/26

## ULTRASONOGRAPHIC FINDINGS

- Left-sided volume overload owing to valvular disease consistent with stage C1- partially compensated.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An EKG is indicated. In addition to Pimobendan, enalapril and furosemide, I recommend adding Spironolactone, 1-2 mg/kg, BID. Antiarrhythmic therapy may be necessary.





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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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