



**PATIENT**

Kailey Robbins

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Spayed Female

**AGE**

13 Years 8 Months

**WEIGHT**

11.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (Canine & Feline), Cert. IVUSS

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Brenda King, VMD

**REFERRING VET**

Dr. King

**INVOICE**

35952

**DATE**

5/5/26

**PRESENTING CLINICAL SIGNS**

History: Staging heart disease. Mitral murmur increasing in intensity since June 23. Asymptomatic until 1 week ago, wheezing cough reported. significant dental disease.

Meds: Furosemide 6.25 mg BID

Abnormal PE/Chem/CBC/UA Results: ALKP 291, Crea 0.3, Monocytosis 1419, Urine: Triple phos. crystals, PH 7.5, USG 1.006

**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	5.35	4.11	1.7	1.82	58	89	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	145	1.36	.89	11.5	3.4	3.03	--

**Cardiac Presentation**

Mild left enlargement was noted in this patient. Minor prolapse of the anterior mitral valve leaflet was 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 was 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. The hepatic veins were mildly dilated.

**ULTRASONOGRAPHIC FINDINGS**



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- Stage B-2 – B-2+ valvular disease with concurrent pulmonary hypertension
- Mild hepatic vein dilation

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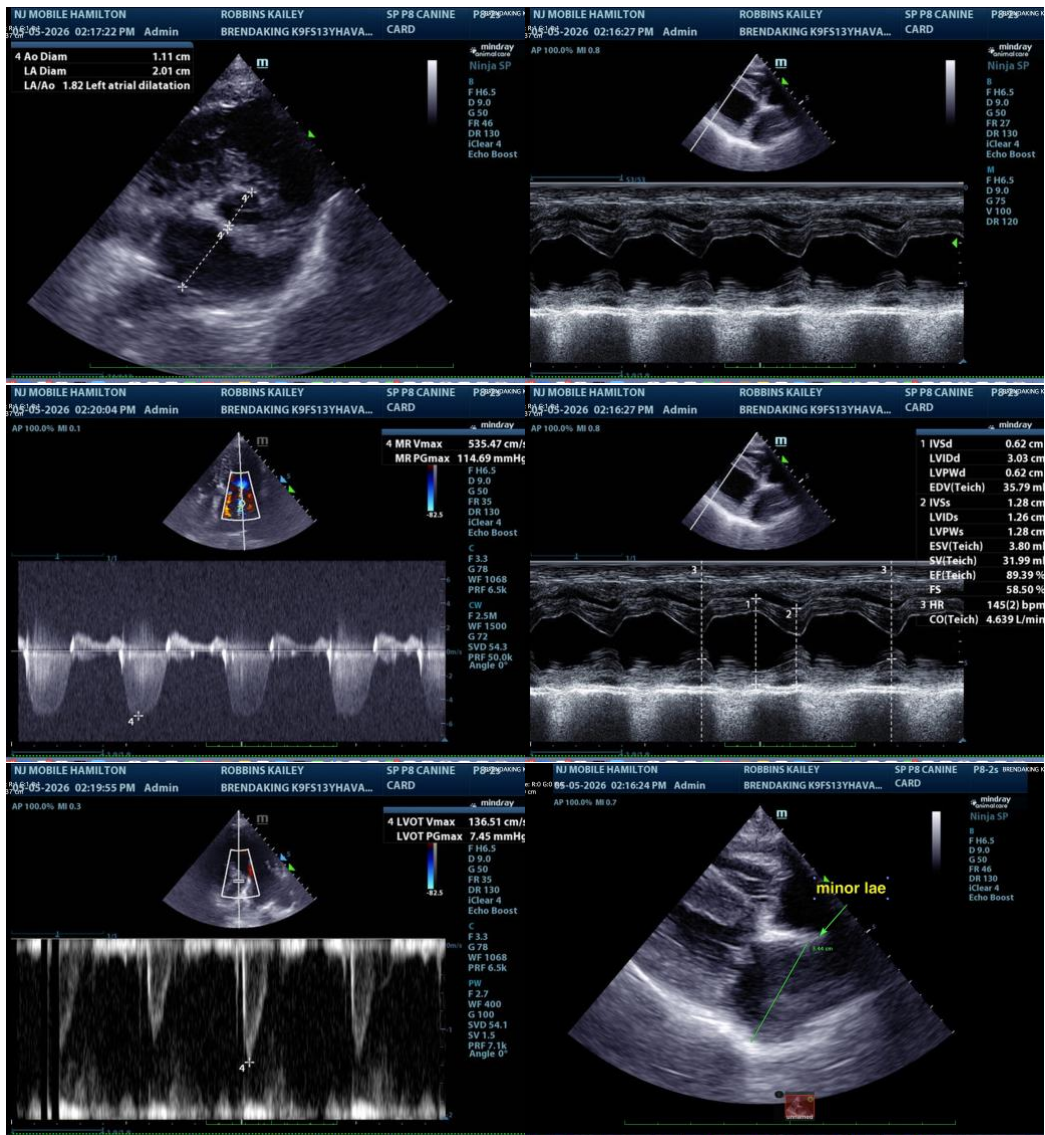
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend continuing furosemide. Pimobendan is indicated at a dose of 0.3 mg/kg BID and ACE inhibitor at a dose of 0.5 mg/kg SID, progressing to BID. Given the clinical signs, the presence of significantly increased TR velocities, and the fact that hepatic veins were dilated, I recommend initiating sildenafil at a dose of 1.0 mg/kg BID. Recheck echo is recommended in 4 weeks. Management for any primary respiratory disease is indicated. Management for any systemic hypertension is also indicated.





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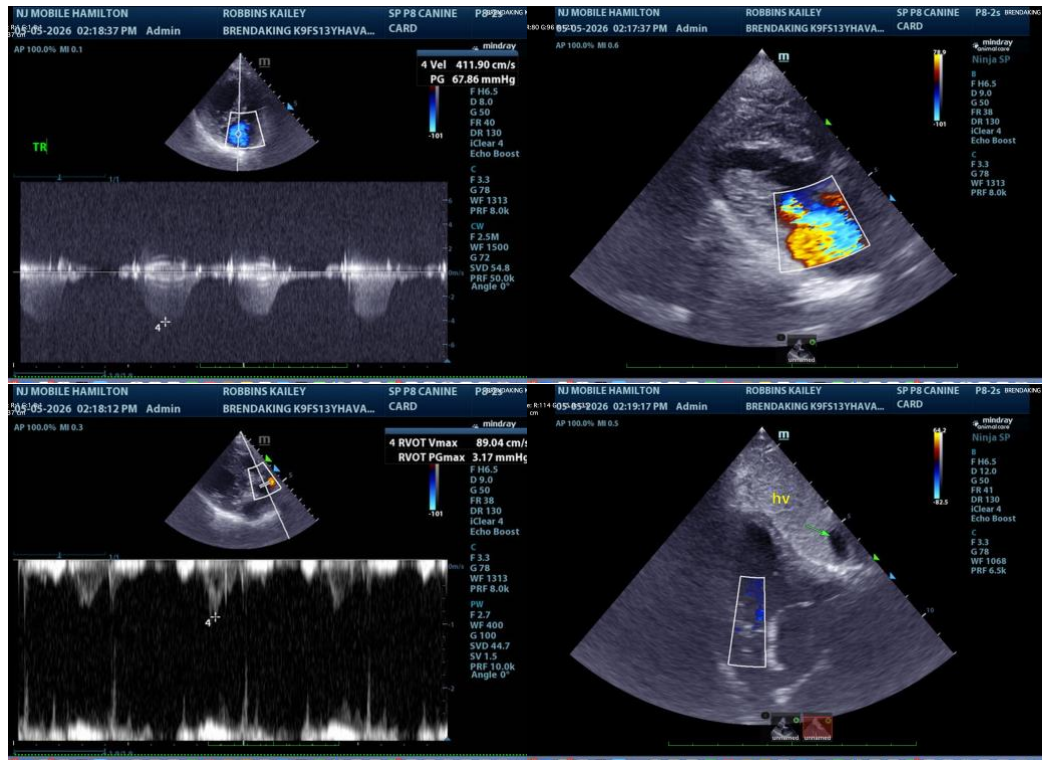
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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