



PATIENT

Lexi Branschreiber

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

INVOICE

35953

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Coughing for about 1 1/2 weeks - Mainly inside, sounds like a smoker as per O, didn't hear cough during exam. New Heart murmur today bilateral L>R. Grade 2-3/6.

Abnormal PE/Chem/CBC/UA Results: Alk P 378. CBC WNL. BP - 138/101 m113 HR 170, 178/101 m123 HR153, 169/113 m133 HR160, 178/109 m143 HR151.

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	3.5	1.3	1.3	33	64	0.26
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	154	1.00	.92	15	--	2.43	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **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 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. Comet tail lung pattern was noted in this patient; however, this is not from volume overload of the heart. Primary respiratory disease is suspected. The hepatic veins were not dilated.



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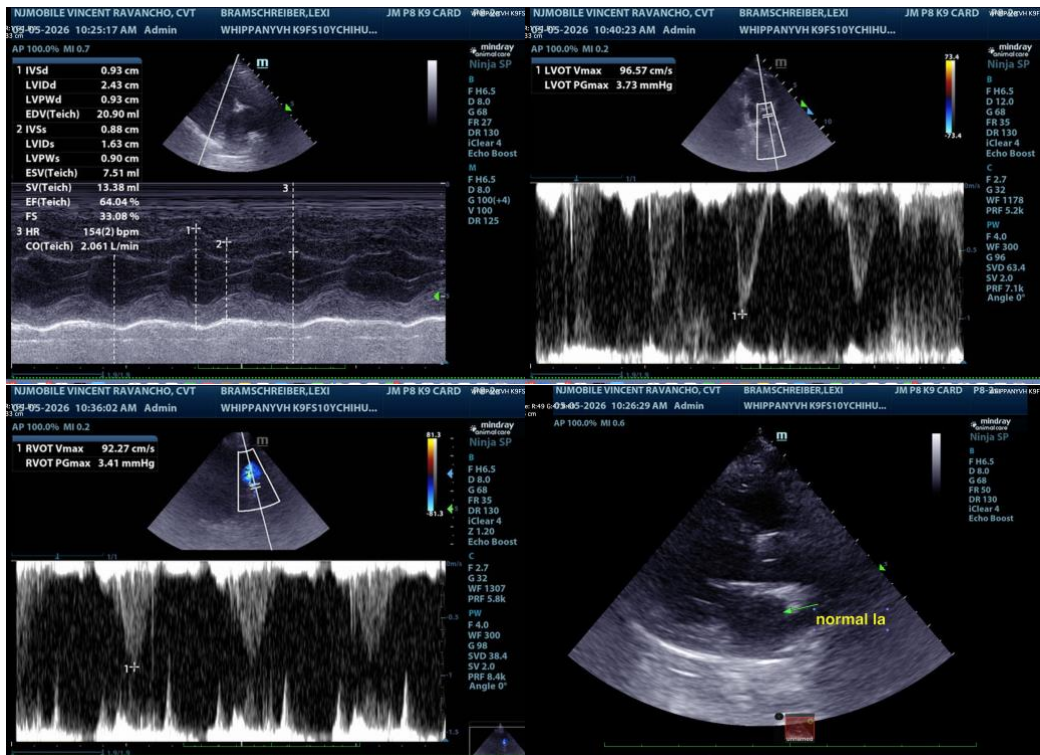
ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency yet compensated
- Mild pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary respiratory protocol is warranted for the cough, based on the clinical status and radiographs. If exercise intolerance is an issue, this may be related to pulmonary hypertension, however, since hepatic veins were not dilated, this is likely compensated at this time. Recheck echo is recommended in 3-6 months.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.





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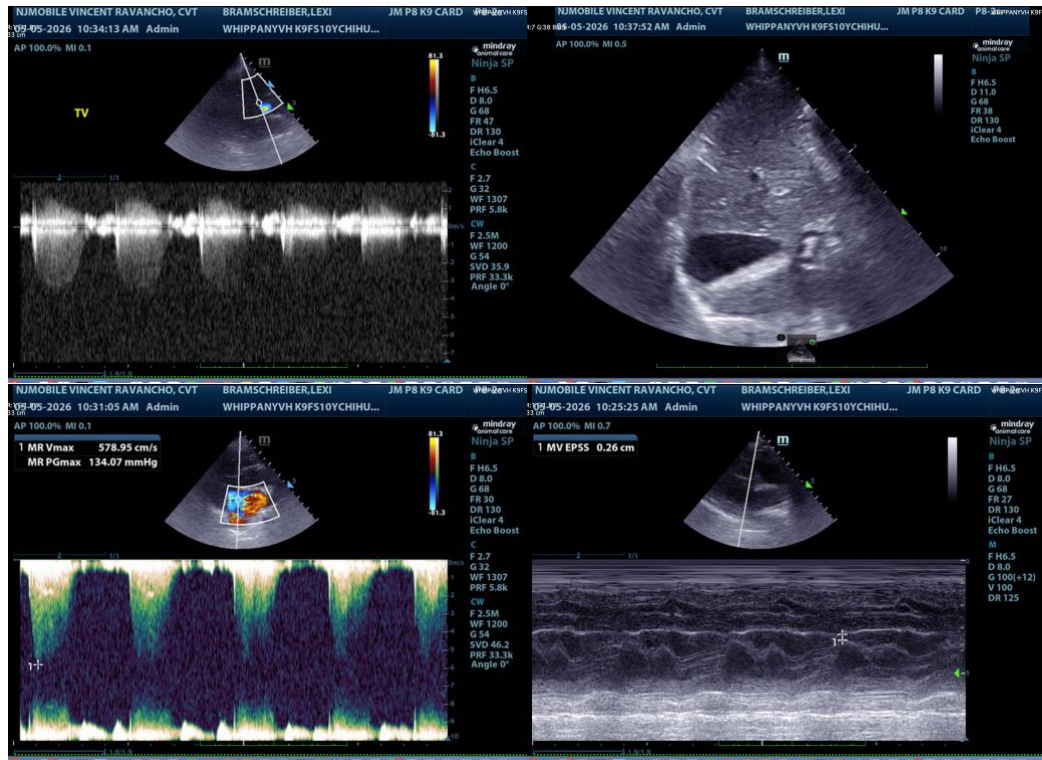
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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