

PATIENT

Lucy Rynhold

SPECIES

Canine

BREED

Cavapoo

SEX

Spayed Female

AGE

14 Years

WEIGHT

18.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newbridge Vets

REFERRING VET

Dr. Glennon

INVOICE

35947

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Loud murmur, cardiomegaly.

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	5.5	--	1.5	1.8	47	80	NM
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	193	1.50	.90	18.4	4.1	3.27	--

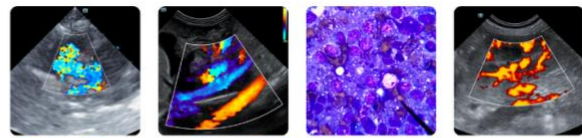
E-wave velocity: 1.4

Cardiac Presentation

The echocardiogram in this patient demonstrated enlarged **left atrial** size, primarily visible in the La Max position. Chamber volumes and echogenicity were normal. Severe prolapse of the anterior mitral valve leaflet was noted. Ruptured chordae tendineae was noted. 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.

ULTRASONOGRAPHIC FINDINGS

- Stage B2+ valvular disease, strong concern for emerging left sided heart failure.
- Mitral valve prolapse
- Ruptured chordae tendineae



PATIENT

- Left atrial enlargement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Serial blood pressures are indicated. ACE inhibitor is warranted at a dose of 0.5 mg/kg SID, progressing to BID, Pimobendan at a dose of 0.3 mg/kg BID, spironolactone at a dose of 1-2 mg/kg SID, and Lasix at a dose of 1-2 mg/kg BID.

BREED

Cavapoo

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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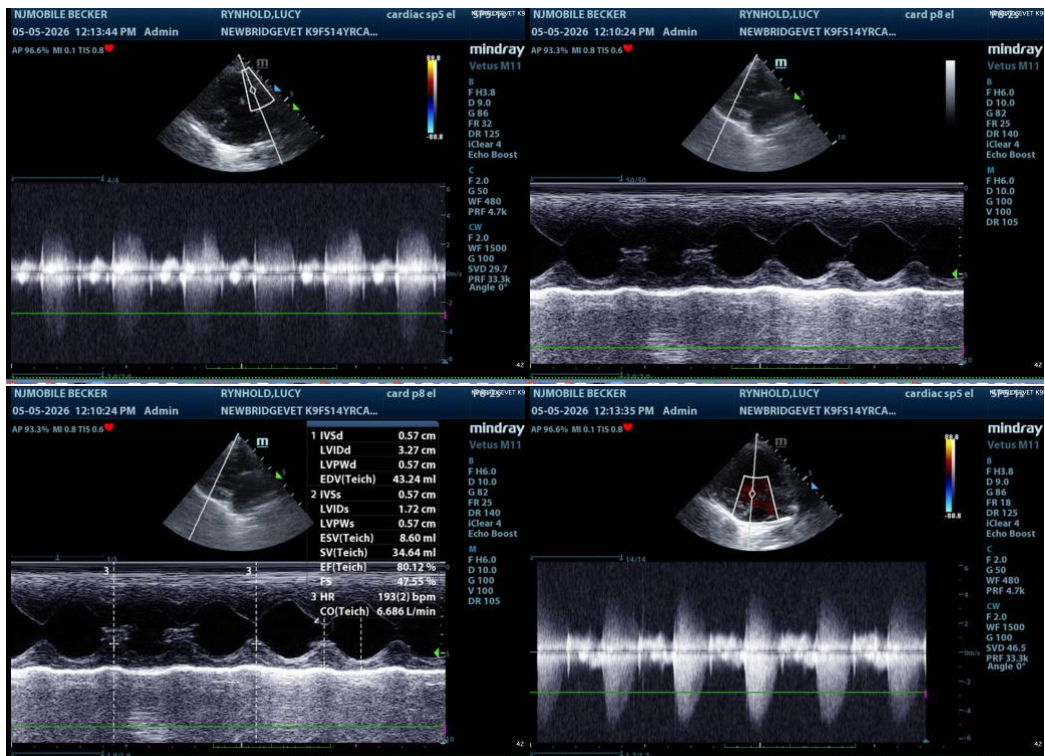
Dr. Glennon

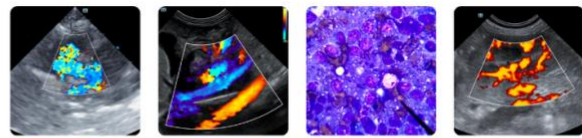
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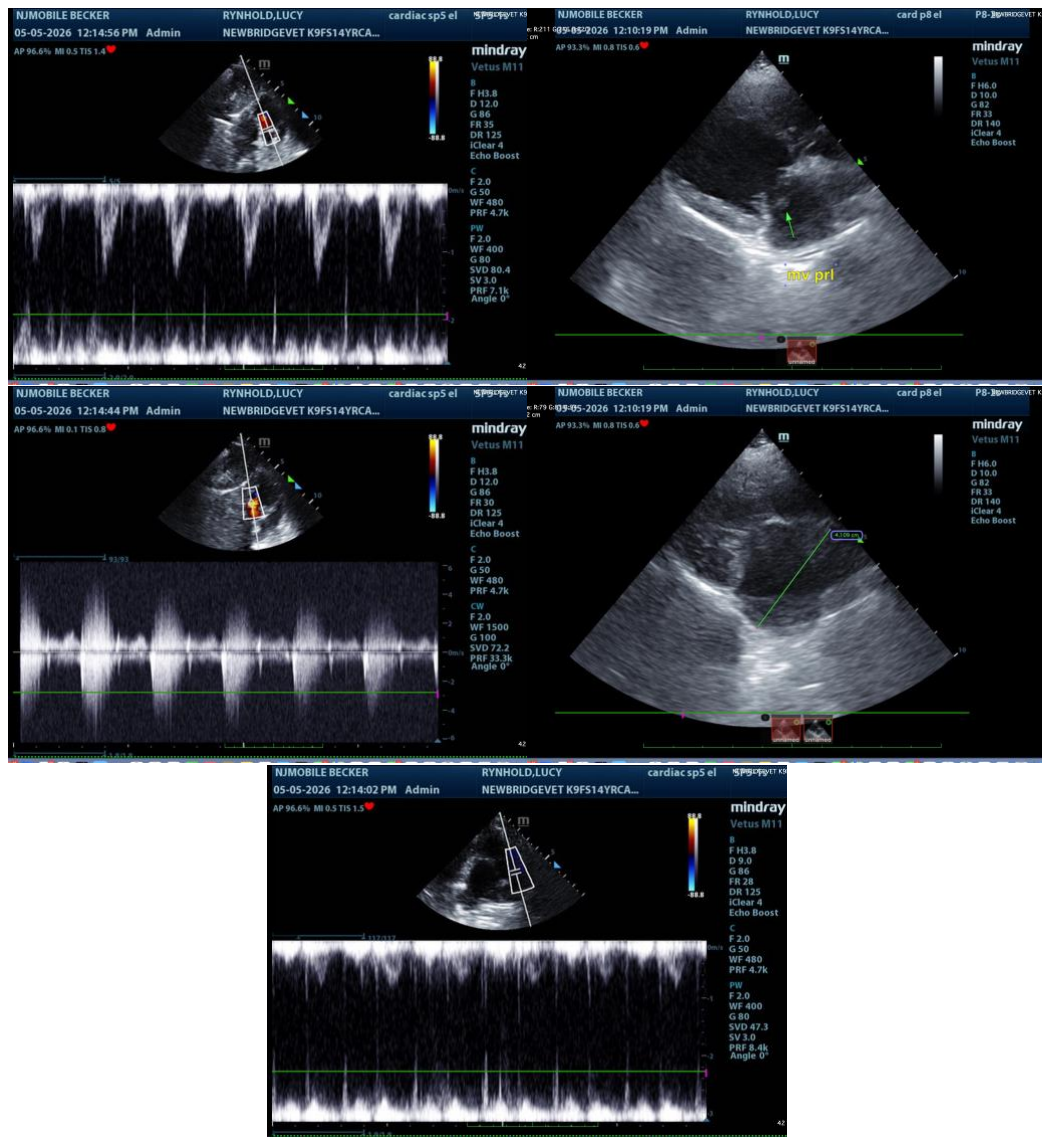
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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