

PATIENT

Myka Holland

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

10 Years

WEIGHT

52 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Tanya Hoffman

INVOICE

35988

DATE

5/7/26

PRESENTING CLINICAL SIGNS

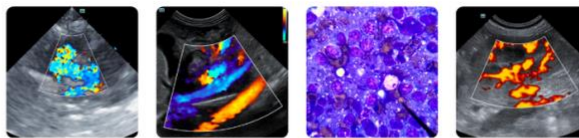
History: Episode of collapse at home. Is on pimo / furosemide for L sided heart failure diagnosed radiographically. ProBNP = 969.

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	5.60	--	NM	--	45	--	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	184 variable	--	.90	52	4.7	4.0	--

Cardiac Presentation

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Complete filling of the left atrium was noted. Volume overload of the left atrium was noted. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated severe mitral 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** 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. Tachyarrhythmia was noted in this patient.



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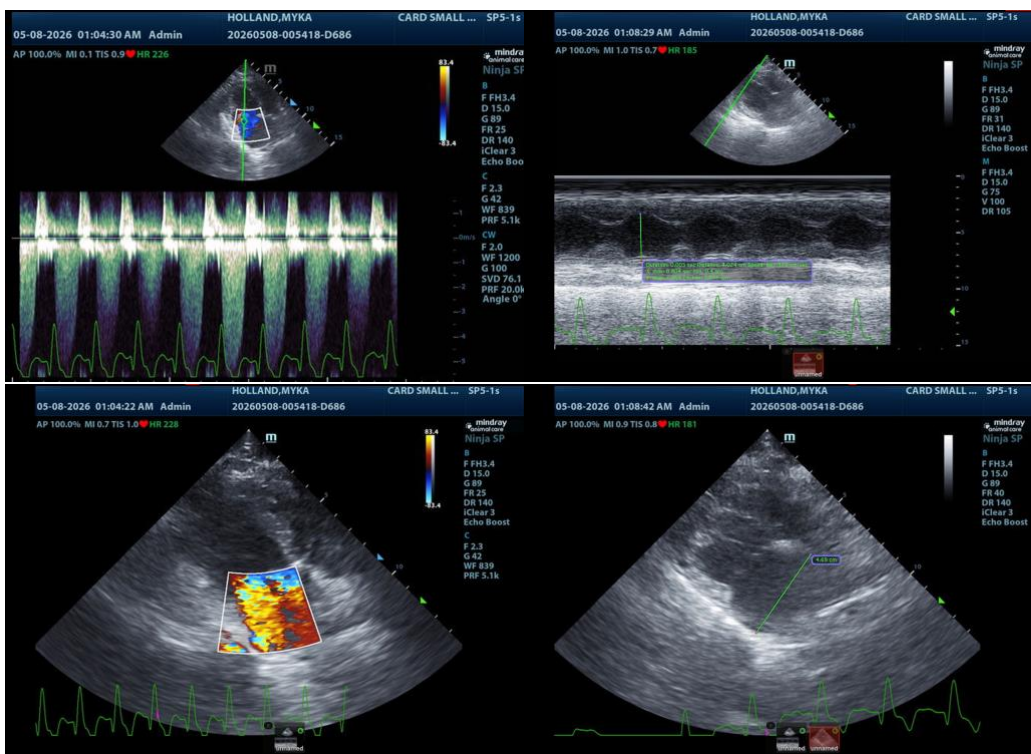
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ULTRASONOGRAPHIC FINDINGS

- Stage B-2 valvular disease with tachyarrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full lead 2 EKG, or better yet, Holter monitor is indicated in this patient. Antiarrhythmic therapy may be warranted. Primary therapy for volume overload is indicated. Recommend continuation of pimobendan at a dose of 0.3 mg/kg BID, adding ACE inhibitor at a dose of 0.5 mg/kg SID, progressing to BID, Lasix at a dose of 1-2 mg/kg BID, and spironolactone at a dose of 1-2 mg/kg BID.



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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