



PATIENT

Ruger Nason

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

9.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Nason

INVOICE

78269

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Ruger was diagnosed with ACVIM stage B2 valve disease last year and was started on Pimobendan. His last two echos have showed normal left atrial size. Repeat echo to see if this is still true and if so, should I discontinue the Pimobendan? He also needs a dental - screening for anesthetic safety.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. Minor **mitral** valve insufficiency was noted. There was no volume overload 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.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	-	-	1.1	1.3	45	-	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	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	BELOW	BELOW	BELOW	BELOW
PATIENT	90	-	-	9.5 lbs	1.3	2.7	-

ULTRASONOGRAPHIC FINDINGS

Minor mitral valve insufficiency.



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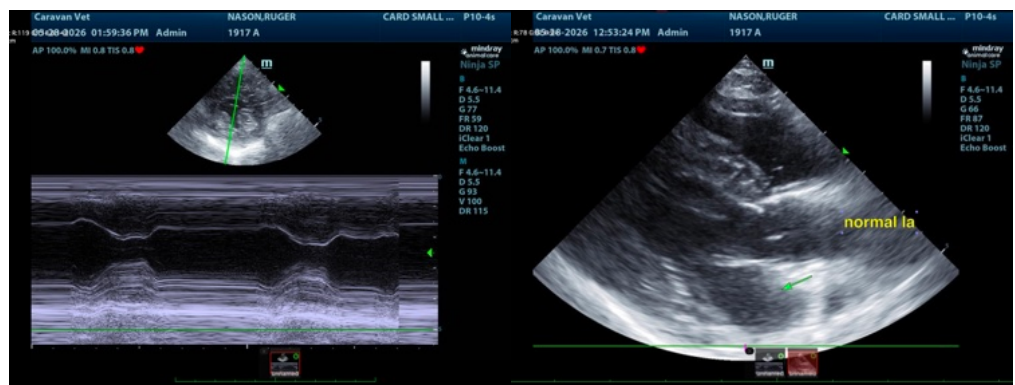
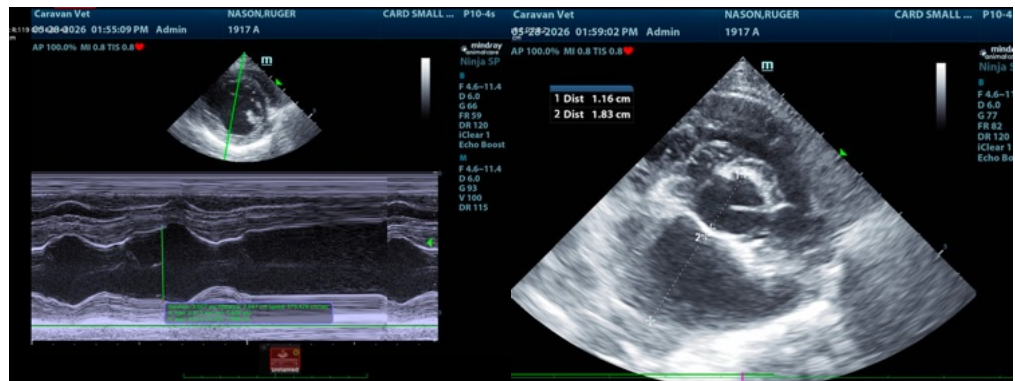
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is debatable on whether Pimobendan is necessary in this patient. Comparison to prior echocardiograms are recommended as currently the left atrial and left ventricular diameter are normal and the mitral insufficiency is minor. I would expect a larger mitral insufficiency to be present to cause an original volume overload. However, I recommend comparing prior echocardiogram with current echocardiogram, pre and post Pimobendan. Blood pressure measurements are indicated as well as EKG to ensure that the arrhythmogenic activity noted is benign. Structurally and functionally there is no overt contraindication to anesthetic procedure. The main issue is defining the arrhythmia and assessing if Pimobendan is necessary in this case. The current volume and functional state may be an effect of Pimobendan or independent of it.





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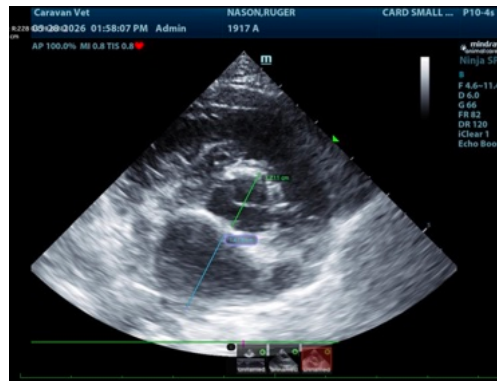
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com