



PATIENT

Ruby Ezzo

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

4.8 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Smithfield Animal
Hospital

REFERRING VET

Dr. Boe

INVOICE

16342

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Increased coughing, wheezing. Repeat echo. Pimobendan.

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 | 5.0 | 3.0 | NM | 1.9 | 41 | 74 | 0.1 |
| CANINE CARDIAC PARAMETERS | HR (BPM) | AV VMAX (m/s) | PV MAX (m/s) | BODY WEIGHT | 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 | 167 | 1.3 | -- | 4.8 lbs | 2.6 | 2.4 | -- |

Cardiac Presentation

Prolapse/flail of the anterior mitral valve leaflet was noted. B lines were noted in the peripheral lung fields. The cardiac presentation in this patient presented with mild volume overload of left atrium and left ventricle with arrhythmogenic activity. Mitral and tricuspid insufficiency was noted. Contractility appeared to be somewhat compensatory given the coughing and volume overload.

ULTRASONOGRAPHIC FINDINGS

- ACVIM stage B2+ valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend rechecking chest radiographs to assess for any pulmonary edema. Adding ACEi 0.5 mg/kg SID, progressing to BID and spironolactone 1-2 mg/kg SID to the current Pimobendan dose. The heart has minor volume overload and is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating or adjusting therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 6 months, earlier if clinical decompensation is occurring. Minor anesthetic risk for a brief procedure at this time. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary. A suggested anesthetic combination would involve Torbutrol premed, propofol induction, Isoflurane maintenance or equivalent protocol.



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