

PATIENT

Sophei Branca

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Spayed female

AGE

9 years

WEIGHT

23.6 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Enoch

INVOICE

70332

DATE

1/20/26

PRESENTING CLINICAL SIGNS

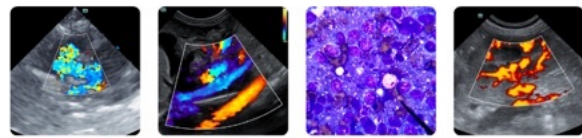
- Recheck echo MVD early B1; recent pneumonia, coughing
- Clinical findings: Grade 4-5/6 HM. Heart Enlarged with "backpack sign" on chest rads; coughing likely combo of heart dz and recent pneumonia.
- Current medications: Pimobendan 4mg PO BID, Clavamox 125mg BID x 14d, Carprofen 100mg 1/2 tab PO SID PRN
- From most recent 8/2025 - plts 86, 2 nRBCs, ALP 319 U/A: 2+ P, 2-3 WBCs USG: 1.036

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **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. Prolapse of the anterior mitral valve leaflet 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.

| 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 | 6.0 | | 1.4 | 1.9 | 50 | 80 | 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 | 190 | 1.2 | 0.7 | 23.6 lbs | 4.2 | 3.3 | |



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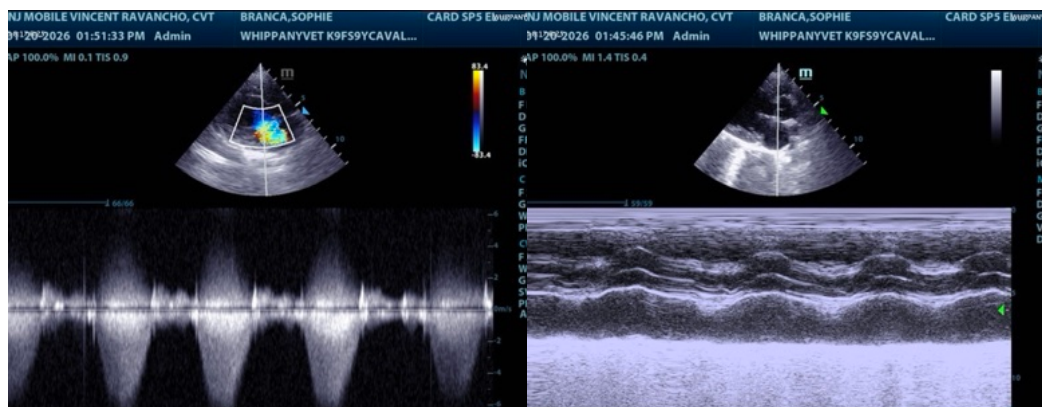
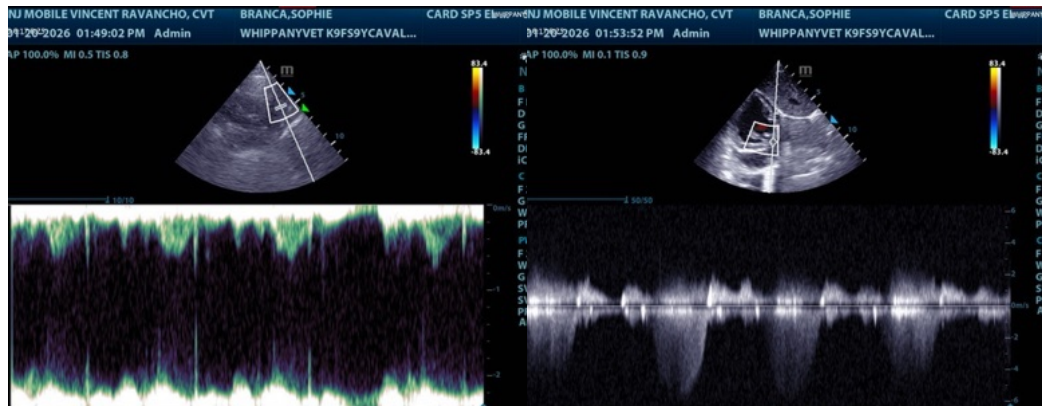
ULTRASONOGRAPHIC FINDINGS

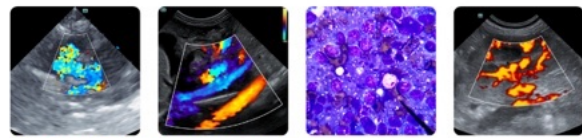
Early Stage B2 valvular disease and mitral valve prolapse.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuing Pimobendan in this patient with adding an ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and adding Spironolactone at 1-2 mg/kg s.i.d. This is consistent with stage B2 valvular disease. Main stem bronchus cough may be an issue in this patient depending upon radiographic findings. Respiratory and cardiac protocols may be necessary in this patient. Recheck echocardiogram is recommended in 6 months.

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 3-6 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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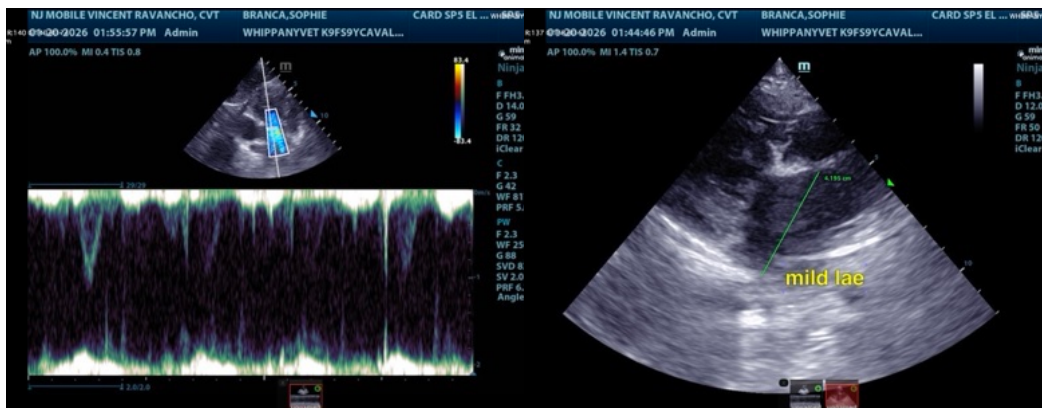
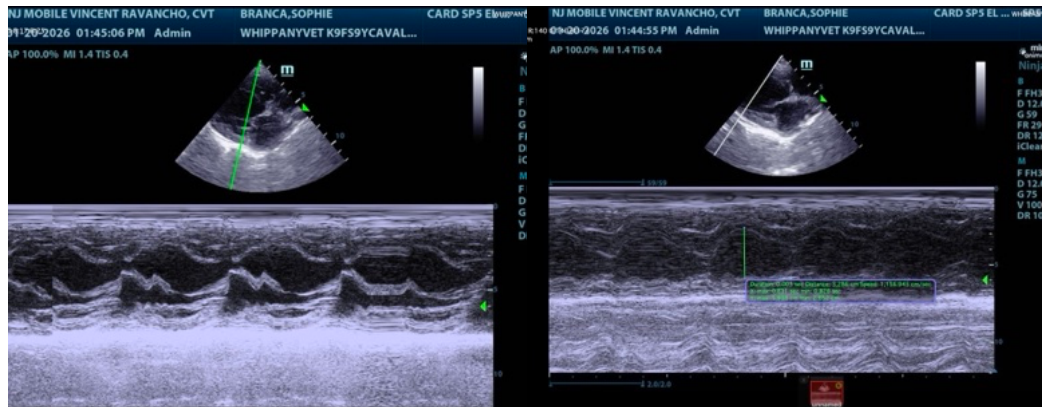
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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