



**PATIENT**

Misty Higgins

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

Dr. Ammeraal

**INVOICE**

70376

**DATE**

1/21/26

**PRESENTING CLINICAL SIGNS**

- Grade 3-4/6 HM, alsodx Cushings & PLN, Grade 2 dental dz
- ECG suggests ventricular enlargement
- Current medications: Simparica Trio, Telmisartan 20mg 1&1/2 tab q24hr. Trilostane 30mg q24hr
- ALKP: 1547 BUN 34 Creat 0.5 UA: UPC 7.1 USG: 1.007

**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. 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. Minor **pulmonic** insufficiency was noted. 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	-	1.9	1.6	33	63	0.27
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	118	1.9	0.67	40 lbs	4.1	3.1	



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**ULTRASONOGRAPHIC FINDINGS**

Mitral insufficiency.  
 Mild left atrial enlargement.  
 Early stage B2 valvular disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Blood pressure measurements are indicated. The target blood pressure is <150 systolic. Ace inhibitor therapy may be necessary in order to reach this value in addition to Telmisartan depending on blood pressure measurements. Pimobendan should be initiated at 0.3 mg/kg b.i.d.

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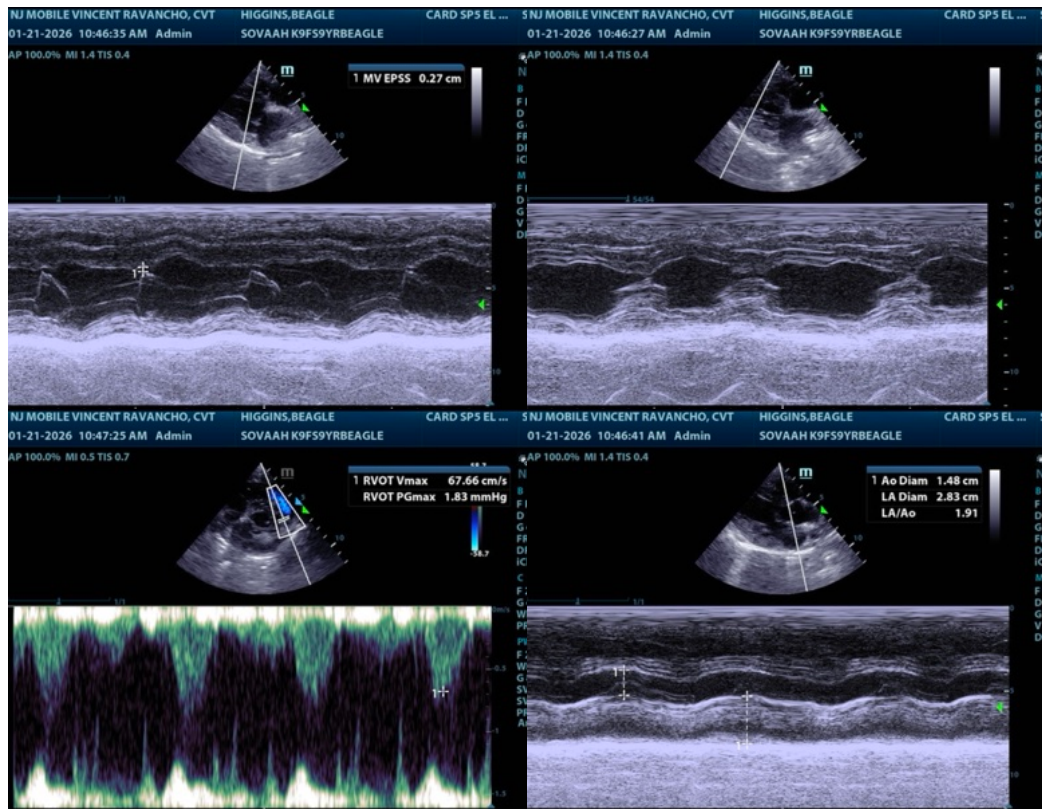
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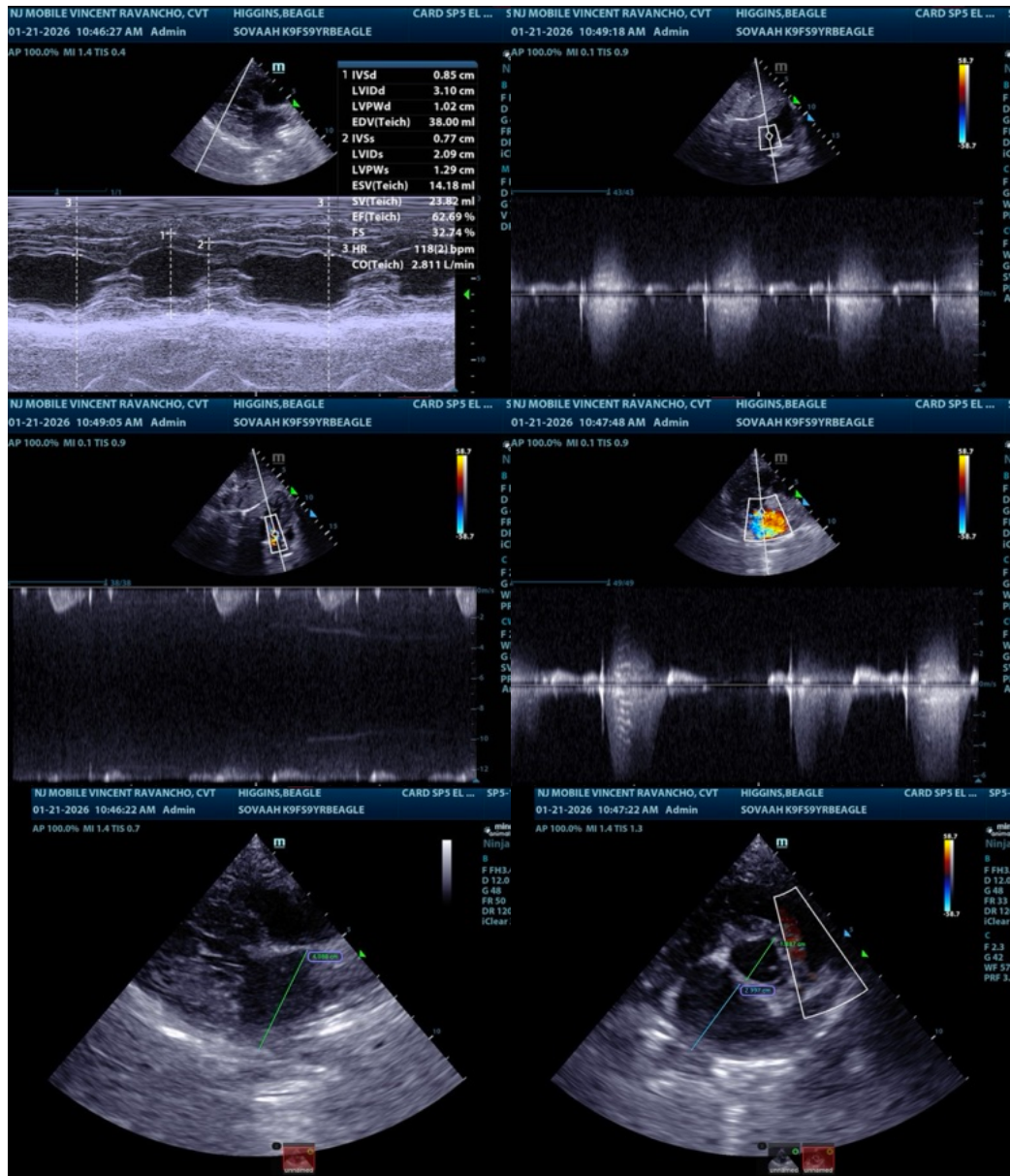
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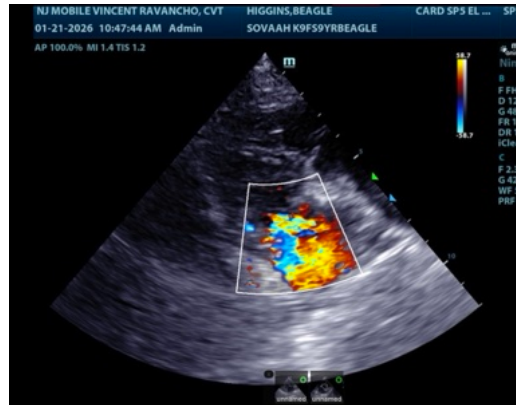
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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