



PATIENT

Tobby Nunes Correa

SPECIES

Canine

BREED

Lhasa Apso

SEX

Male

AGE

12 years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

71470

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Grade IV/VI HM
- Medications: Furosemide 9mg PO q12h Vetmedin 1.25mg BID

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient revealed volume overload in the **left atrium and left ventricle**. **Mitral** valve prolapse and insufficiency was noted. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium and right ventricle** presented minor volume overload. **Tricuspid** insufficiency was present. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. Pulmonary edema lines were noted in the peripheral lung fields.

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	5.8	3.0	1.5	-	50	80	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	150	-	0.8	9.2 lbs	3.34	3.3	

ULTRASONOGRAPHIC FINDINGS

Stage C1 valvular disease, partially compensated on current medications.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of Vetmedin at 0.3 mg/kg b.i.d., Furosemide at 2-4 mg/kg b.i.d, ace inhibitor at 0.5 mg/kg s.i.d. progression to b.i.d. and Spironolactone at 1-2 mg/kg s.i.d. BUN, creatinine should be monitored along with heart rate, basal respiratory rate and blood pressure measurements.

The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy.



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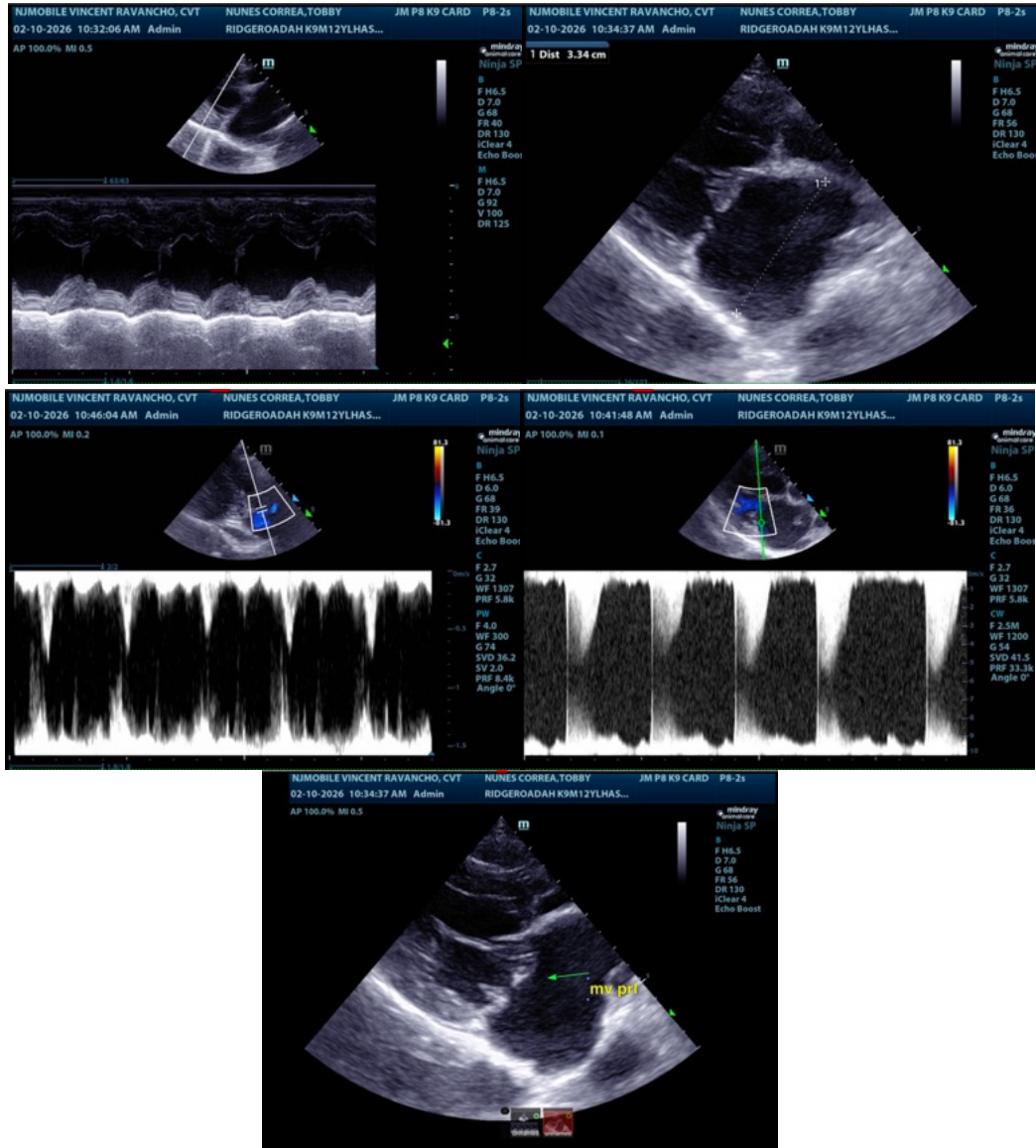
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After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary.



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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