



PATIENT

Tucker Hruschka

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

14 years

WEIGHT

18.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Page

INVOICE

71702

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Grade 5/6 L systolic murmur, grade 4/6 R systolic murmur. Concern for CHF
- Previous echo consistent with DMVD 8/2025.
- Increased SRR
- Current meds: Furosemide 25mg BID, CLavamox 125mg BID, Gaba for echo.
- ALT 152, Bun/Creat 30, PSL 156 WBC 16.9, PLT 504, Neuts 11K, Mono 845

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. **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.

E Wave 1.2 m/sec

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	5.9	-	1.0	1.6	50	80	0.1
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	130	1.3	-	18.6 lbs	3.8	2.9	



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ULTRASONOGRAPHIC FINDINGS

Mitral insufficiency with mild left atrial enlargement, partially compensated with Lasix therapy.
 Stage B2+ valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adding Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. while weening off of Lasix. With the other medications Lasix should not be necessary in this patient theoretically. However, a recheck echocardiogram is recommended in 3-4 weeks depending upon patient response to therapy. Monitoring blood pressure and renal values are indicated. It is likely that this patient ruptured chordae given the mitral valve prolapse.

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. 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.

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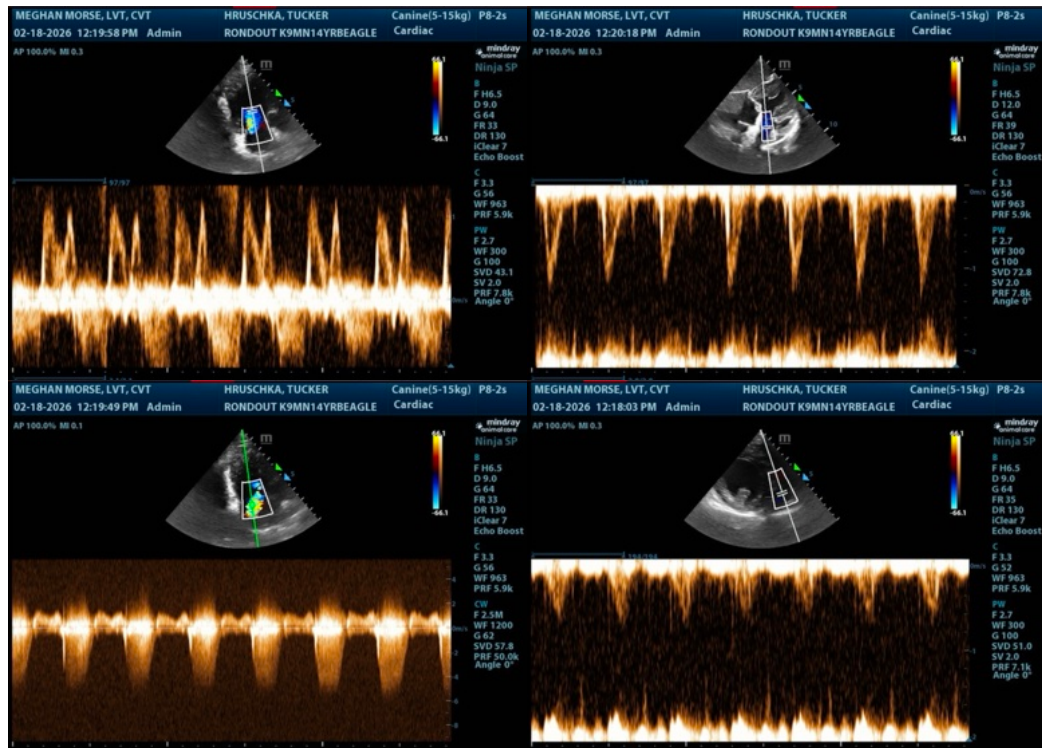
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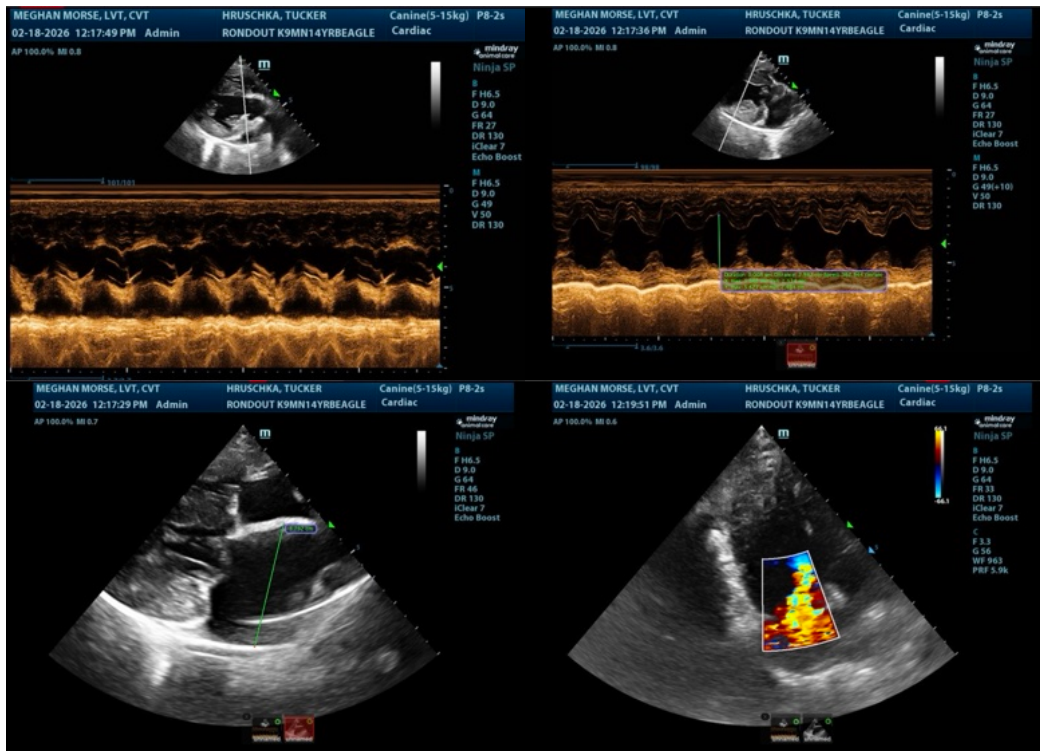
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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