



**PATIENT**

Max Guida

**SPECIES**

Canine

**BREED**

Yorkie Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

10 lbs

**PRESENTING CLINICAL SIGNS**

- Heart murmur
- coughing at home per owner

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated significant **left atrial** enlargement in this patient, which will create a bulge in main stem bronchus impingement on radiographs. 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. **Aortic** insufficiency was present. 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 masses were noted in the visible field. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe

**HOSPITAL NAME**

Budd Lake AH

**REFERRING VET**

Dr. Horn

**INVOICE**

73952

**DATE**

3/31/26

**ULTRASONOGRAPHIC FINDINGS**

Stage B2+ valvular disease.

Aortic insufficiency.

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX (m/s)</b>	<b>TR VMAX (m/s)</b>	<b>LA/AO</b>	<b>LA/AO (Heart Base)</b>	<b>FS (%)</b>	<b>EF (%)</b>	<b>EPSS (cm)</b>
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.0		1.4		50		0.1
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR (BPM)</b>	<b>AV VMAX (m/s)</b>	<b>PV MAX (m/s)</b>	<b>BODY WEIGHT</b>	<b>LA 2D short axis Base view (cm)</b>	<b>LVIDd Avg; 2D and m-mode short axis (cm)</b>	<b>LVIDs Avg; 2D and m-mode short axis (cm)</b>
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>		1.3	0.6	10 lbs	3.75	2.4	



**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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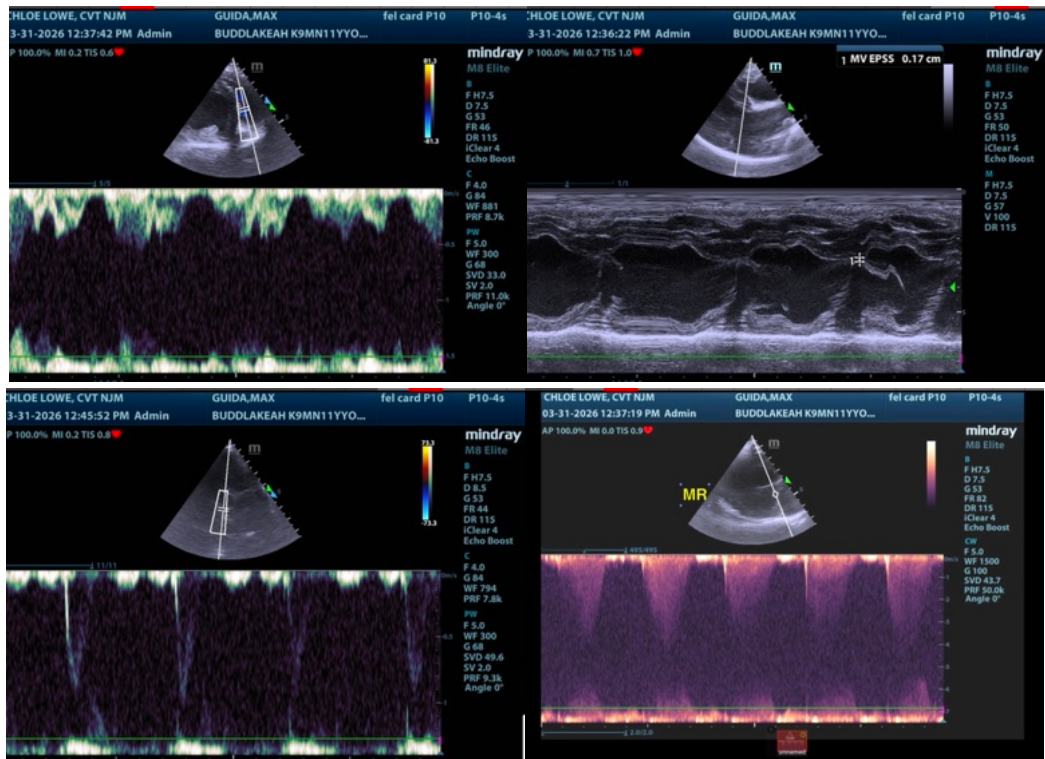
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I cannot rule out an extracardiac thoracic mass out of acoustic window. However, there is significant valvular disease with volume overload of the left heart. I recommend initiating Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor at 0.5mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg s.i.d. Low dose Lasix may be necessary in this patient as well. Given the coughing this is either a stage B2 + or early stage C1 valvular disease patient. Cough suppressants such as Hycodan or similar would be recommended. Recheck echocardiogram is recommended in 1-3 months.

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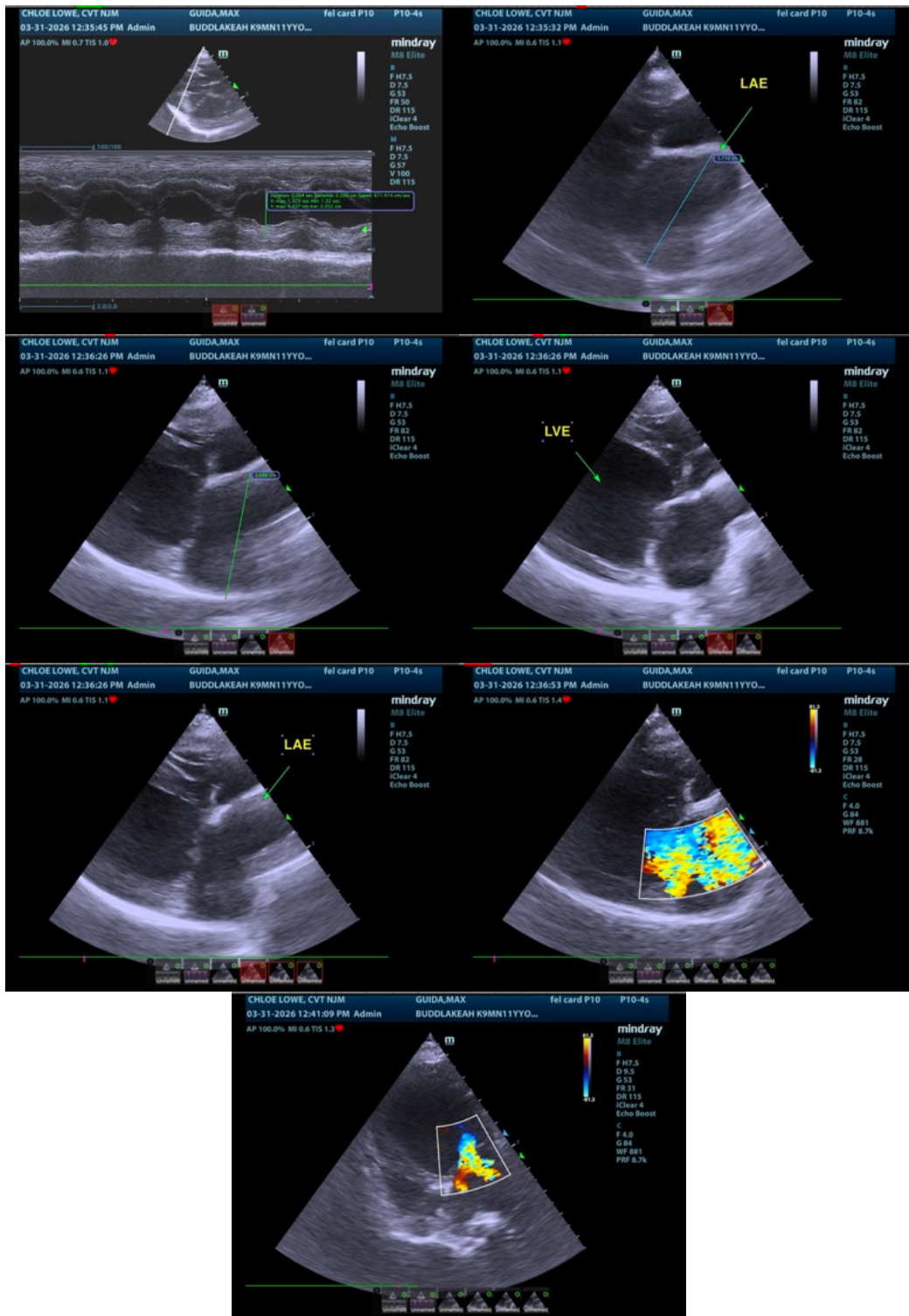
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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