



**PATIENT**

Bogoo Alvarez

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

17 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Vetco Hackensack

**REFERRING VET**

Dr. Jammes

**INVOICE**

72296

**DATE**

3/6/26

**PRESENTING CLINICAL SIGNS**

- Grade 3/6 HM. Needs dental- tooth root abscess
- Abnormal PE/Chem/CBC/UA Results: NSF

**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. Occasional arrhythmia was noted in this patient.

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	5.5	-	1.4	2.0	32	61	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	86	1.3	0.6	17 lbs	4.05	3.23	

**ULTRASONOGRAPHIC FINDINGS**

Stage B2 valvular disease.



**PATIENT**

Bogoo Alvarez

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

17 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Vetco Hackensack

**REFERRING VET**

Dr. Jammes

**INVOICE**

72296

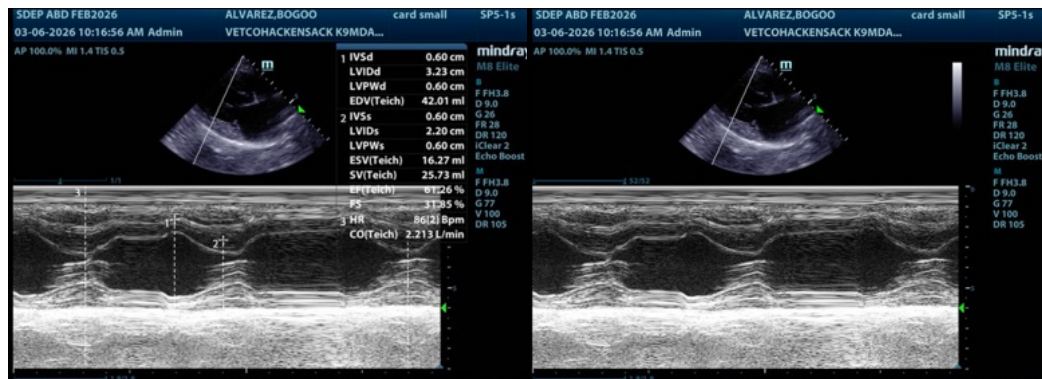
**DATE**

3/6/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

EKG is indicated in this patient as well as blood pressure measurements. I recommend initiating Pimobendan at 0.3 mg/kg b.i.d. and ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. Monitoring BUN, creatinine and urine specific gravity as well as blood pressures. A recheck echocardiogram is recommended after 7-10 days of therapy. However, if the dental issue is an urgent issue, although there is some anesthetic risk, I would recommend initiating Pimobendan and ace inhibitor and utilized the following anesthetic protocol: Torbutrol premed, Propofol induction and Isoflurane maintenance is recommended with minimal anesthetic time.

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.





**PATIENT**

Bogoo Alvarez

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

17 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Vetco Hackensack

**REFERRING VET**

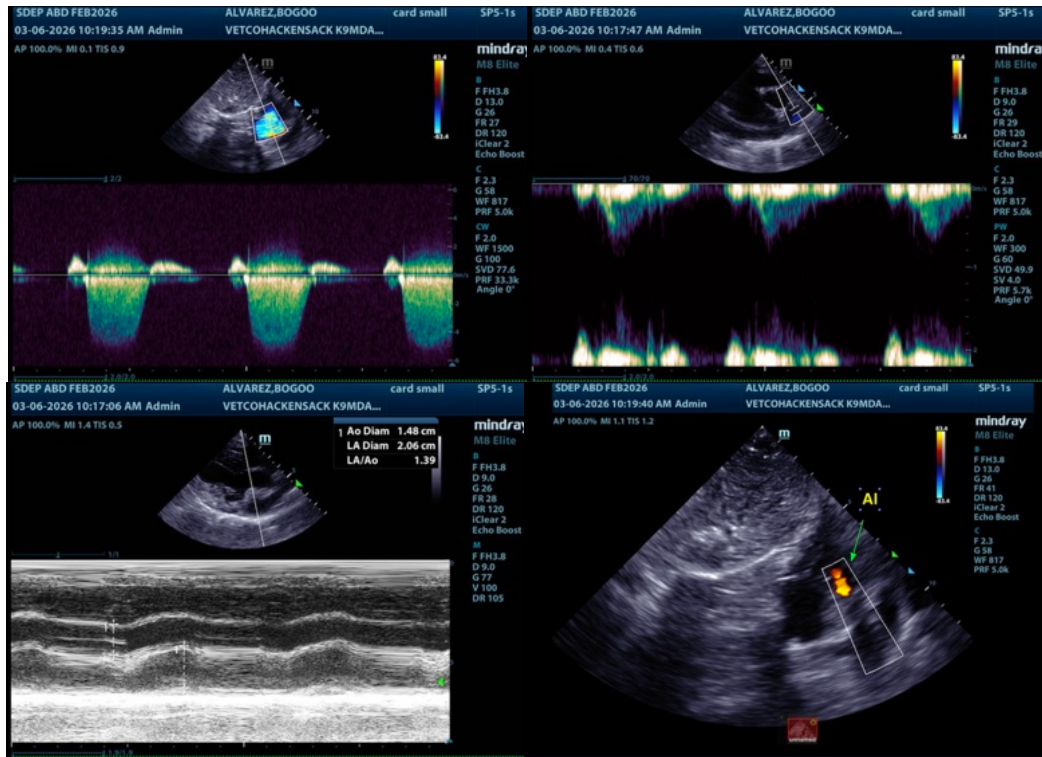
Dr. Jammes

**INVOICE**

72296

**DATE**

3/6/26



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