

PATIENT

Luna Davis

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

7 Years 6 Months

WEIGHT

86 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Jordan Veterinary
Hospital

REFERRING VET

Dr. Ashley Leonard

INVOICE

71705

DATE

11/11/25

PRESENTING CLINICAL SIGNS

P presented for Echo/Thoracic US to evaluate suspected mass cranial to heart. Rads attached. P panting heavily especially after exercise

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	1.08	1.3	40	72	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 4 Chamber	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				
PATIENT	67	1.48	--	86	4.5	3.83	--

E-wave velocity = 0.7

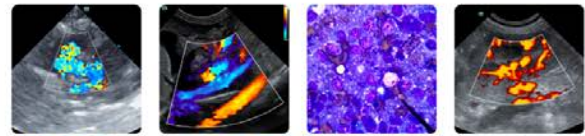
Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral valve** leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio).

A 2.9 cm x 2.0 cm hypoechoic structure was noted just cranial to the heart. However, acoustic window was limited. Full sedation may allow for further definition of this structure. Otherwise, chest CT would be ideal. Respiratory interference significantly obscured visibility and accessibility of the structure.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with cranial mediastinal density – differentials include thymoma, cranial mediastinal round cell neoplasia, lung mass unlikely.



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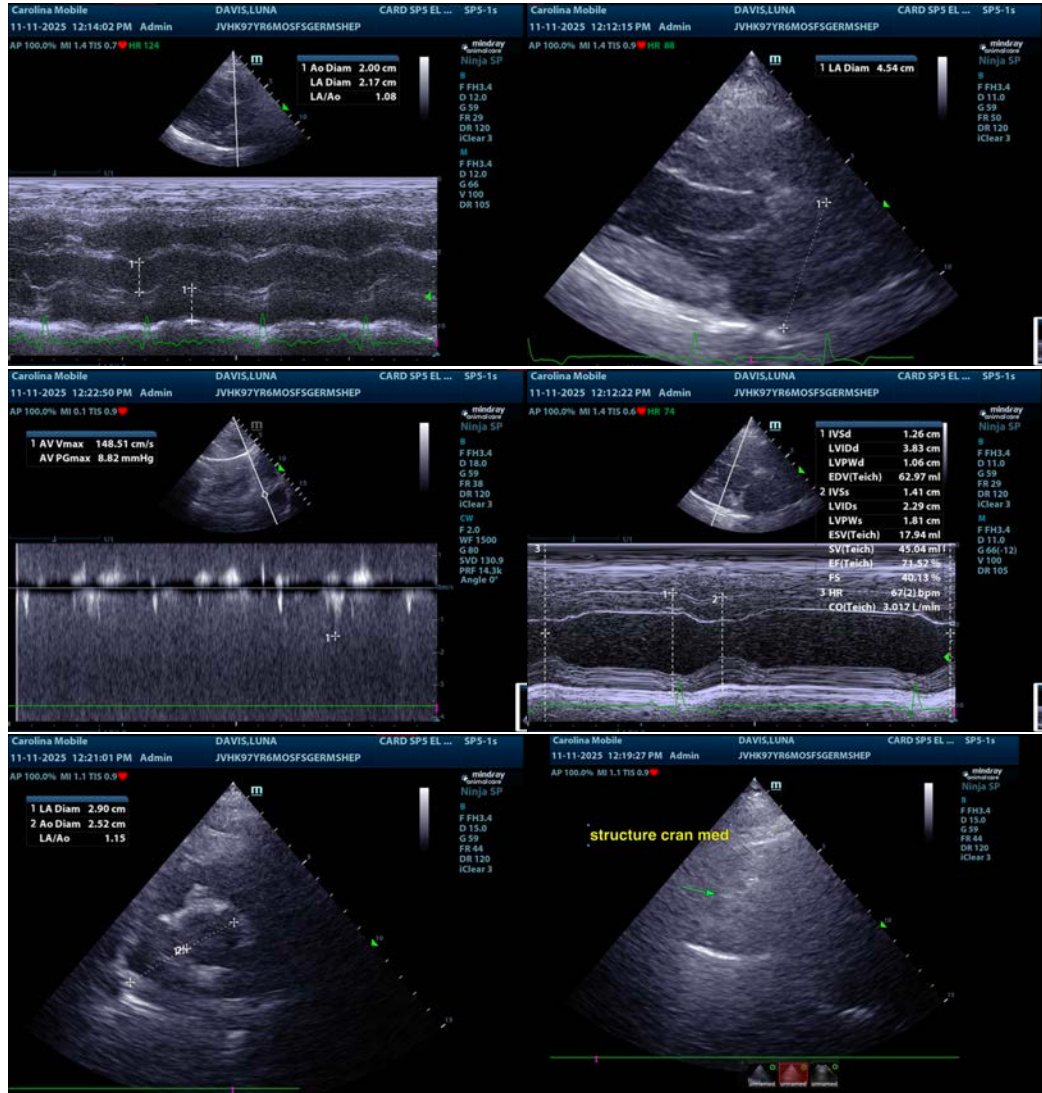
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sedation +/- FNA if accessible or chest CT for potential surgical planning warranted. Abdominal sonogram recommended to assess for comorbidities.





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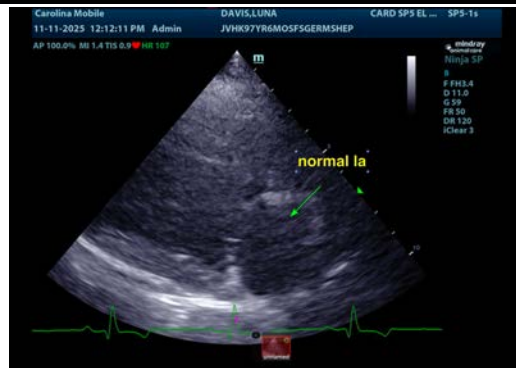
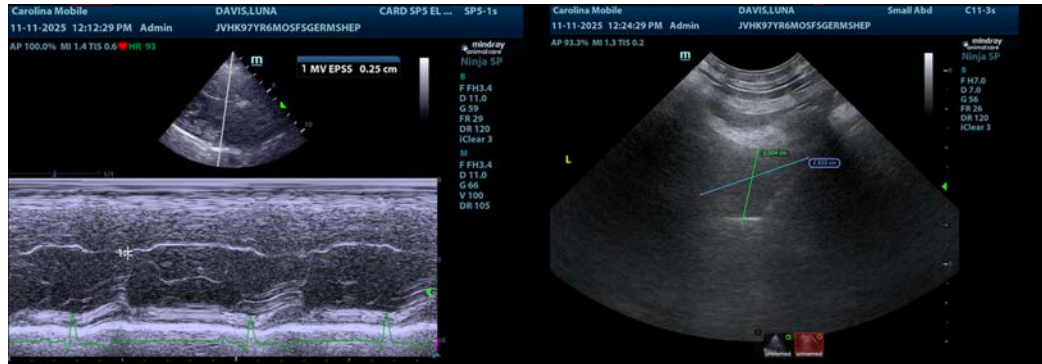
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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