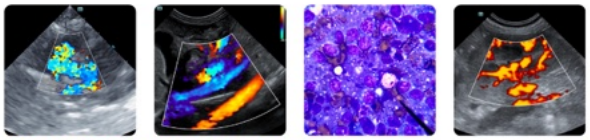




**PATIENT**

Sienna Benner

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

59.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carpenter

**HOSPITAL NAME**

Pennridge AH

**REFERRING VET**

Dr. Carpenter

**INVOICE**

68632

**DATE**

11/12/25

## PRESENTING CLINICAL SIGNS

History: Patient was pre-medicated with trazodone. New Grd II-III L systolic murmur found on exam during workup for cystitis. B/w overall NSF except elevated proBNP ( 1,176). Chest rads - subjective cardiomegaly with increased sternal contact, no pulm vasculature distension, no signs of pulmonary edema or pleural effusion. Blood pressure - 160 mm HG systolic via doppler. Current meds - Finished course of Baytril, still on carprofen SID for resolving cystitis, Dasuquin, Probiotics, current on heartworm prevention.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor **mitral** valve insufficiency was noted. 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. Increased **left ventricular outflow** tract was noted. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. Trivial **tricuspid** insufficiency was noted. 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). 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.

| 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 | | 2.2 | 1.4 | 1.3 | 64 | 92 | 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 | | 2.58 | 1.5 | 59.1 lbs | 3.59 | 3.85 | |

## ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease with mildly increased LVOT velocity likely owing to the hypertensive state.

**PATIENT**

Sienna Benner

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

59.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carpenter

**HOSPITAL NAME**

Pennridge AH

**REFERRING VET**

Dr. Carpenter

**INVOICE**

68632

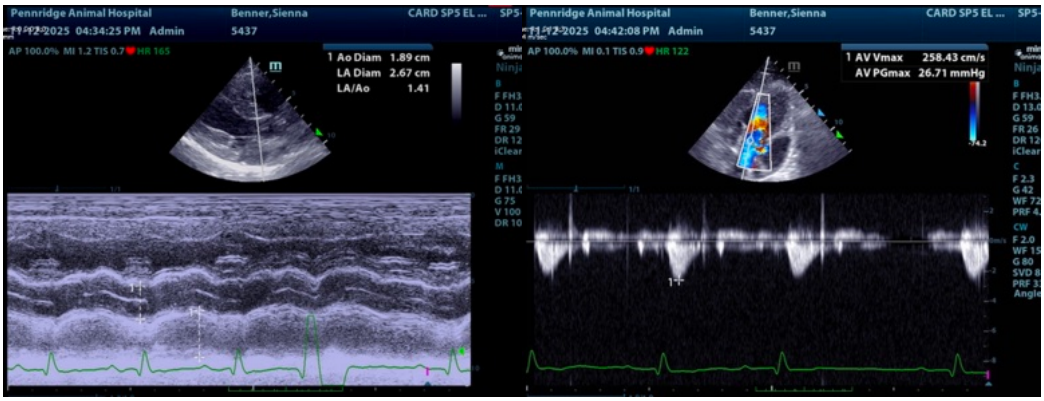
**DATE**

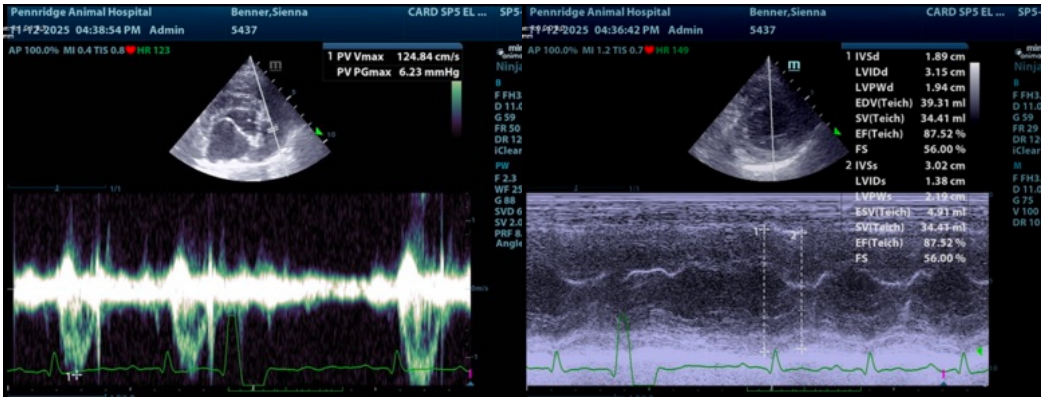
11/12/25

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If whitecoat effect is not an issue regarding the blood pressure measurements, then I recommend Telmisartan or ace inhibitor therapy to reach a systemic pressure less than 140. No cardiac medications are recommended at this time. The increased LVOT is likely secondary to the hyperdynamic state. There was no evidence of subaortic stenosis noted.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.



**PATIENT**

Sienna Benner

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

59.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carpenter

**HOSPITAL NAME**

Pennridge AH

**REFERRING VET**

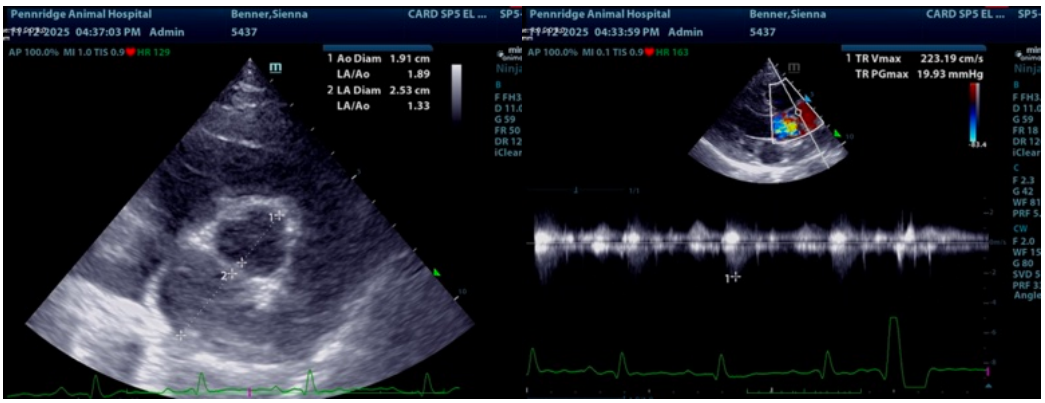
Dr. Carpenter

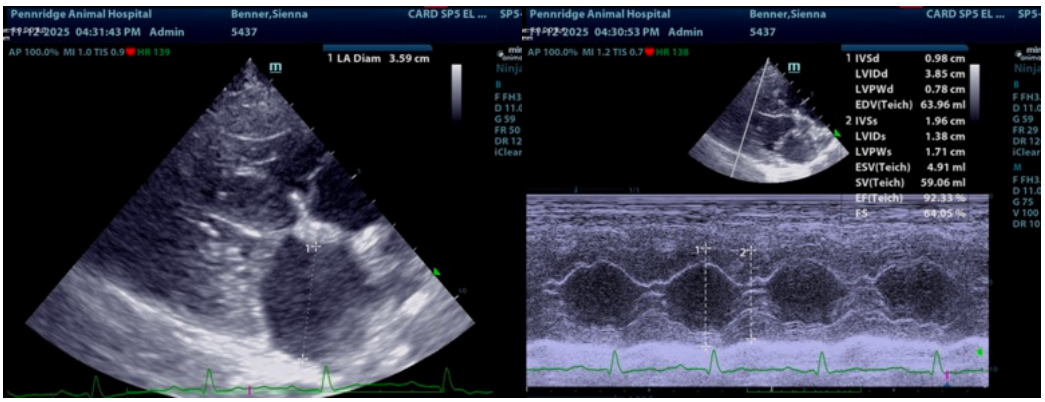
**INVOICE**

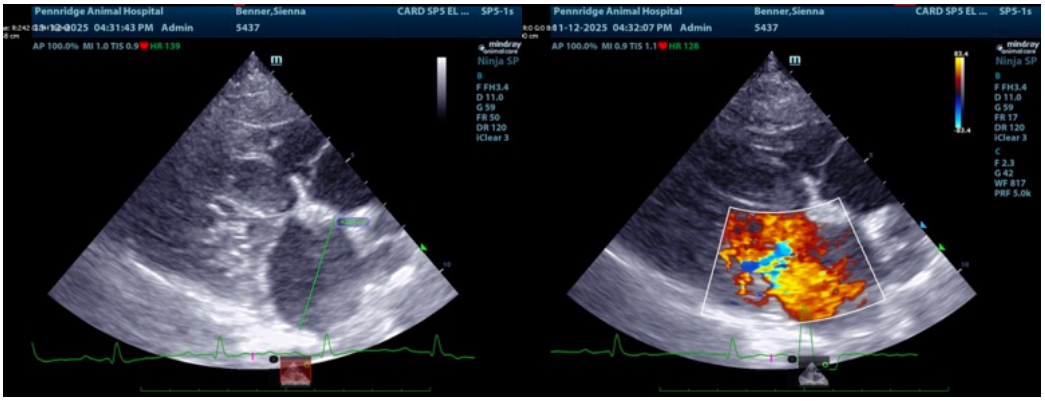
68632

**DATE**

11/12/25




**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