



PATIENT

Bear Criswell

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

3 Years 5 Months

WEIGHT

101.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carla

HOSPITAL NAME

Animal Care Clinic of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

72056

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Elevated ProBNP, lethargic, Littermate died of heart disease at young age. No pain, no heart murmur
Medications: Gaba 300mg - 1 capsule po 2 hours prior to drop off for echo Trazodone 100mg - 1 tab po 2 hours prior to drop off for echo Midazolam - 1.0 ml iv for scan Torbugesic - 2.0 ml IV for scan

Abnormal PE/Chem/CBC/UA Results: 11/20/25: ProBNP = 1248 Amylase = 1631 Lipase = 843 T4=0.8
cTSH = 0.65 11/21/25: BP wnl = 115 systolic

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	--	--	NM	1.5	35	80	0.5
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (klbs)	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	--	1.5	1.5	101.5	3.7	3.5	--

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). Occasional arrhythmia noted. 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.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with occasional arrhythmia.



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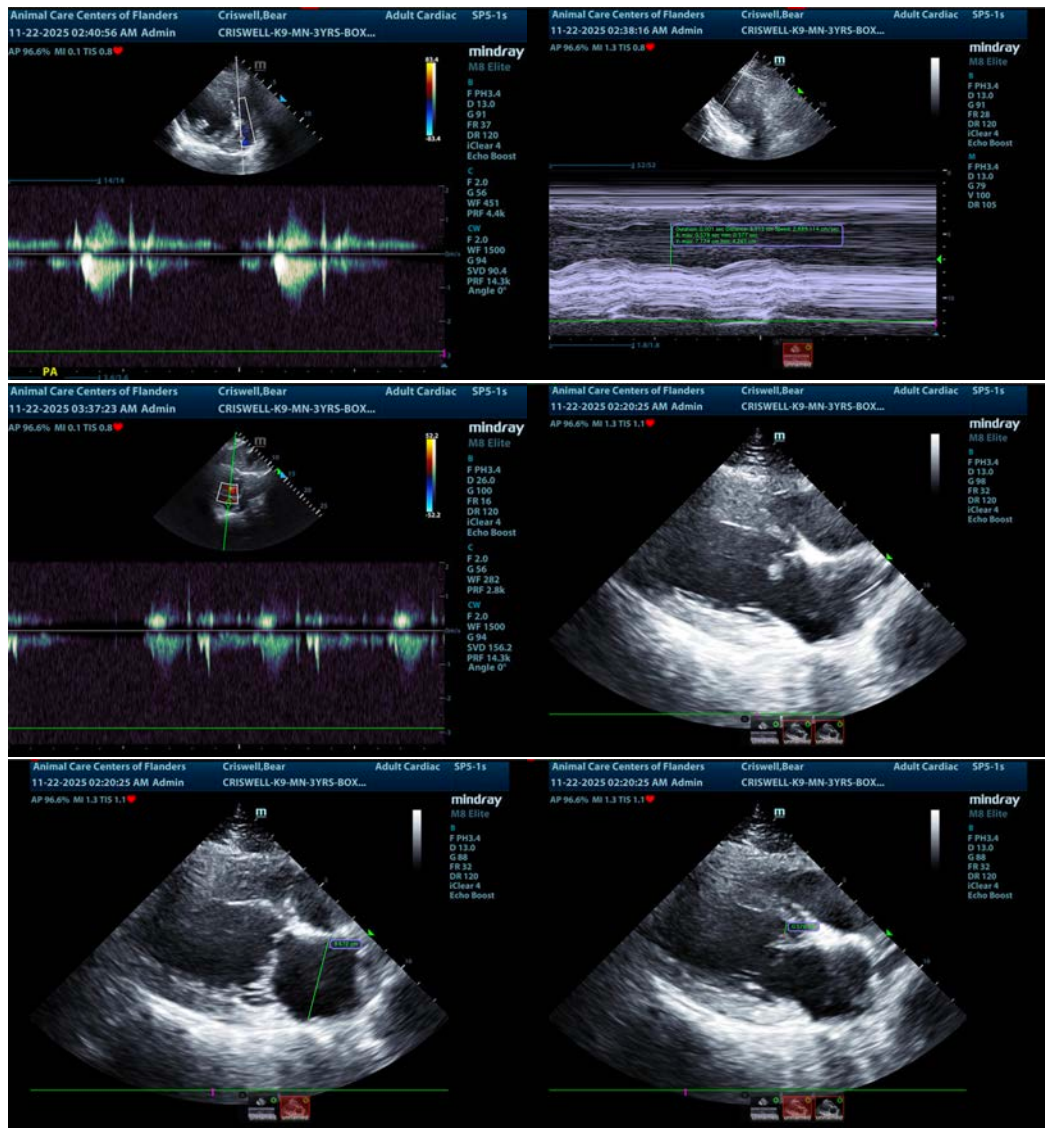
72056

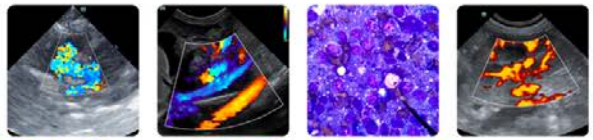
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG or better yet holter monitored indicated, as arrhythmogenic disease is suspected. However, structurally and functionally the heart is normal. Holter monitor can be obtained from SonoPath's office with cardiologist review.





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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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