



PATIENT

Molly Mitchell

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

13 Years

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ryan Leal

HOSPITAL NAME

Wellesley Animal
Hospital

REFERRING VET

Dr. Ryan Leal

INVOICE

72178

DATE

11/28/25

PRESENTING CLINICAL SIGNS

Pt presents for weeklong history of progressive cough. Pt has been coughing daily for the past two years. UTD on preventative, no medications. Otherwise healthy. Pt given butorphanol for imaging and thoracocentesis.

Abnormal PE/Chem/CBC/UA Results: PE: 2+ RE, RR36, HR 120, T 101.6, no crackles TFAST: positive thorax CBC: WNL Chem: ALT 136, ALP 418 Thoracocentesis - modified transudate (3.2g/dL); clear yellow fluid, preliminary cytology - few RBCs, neutrophils, lymphocytes, official cytology pending

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	--	--	1.1	1.3	35	--	0.1
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	90	1.4	1.2	60	3.6	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). Arrhythmogenic activity noted. Non-cardiogenic pleural effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with arrhythmogenic activity.
- Non-cardiogenic pleural effusion – pleuritis, thoracic neoplasia, lung lobe torsion all possible.



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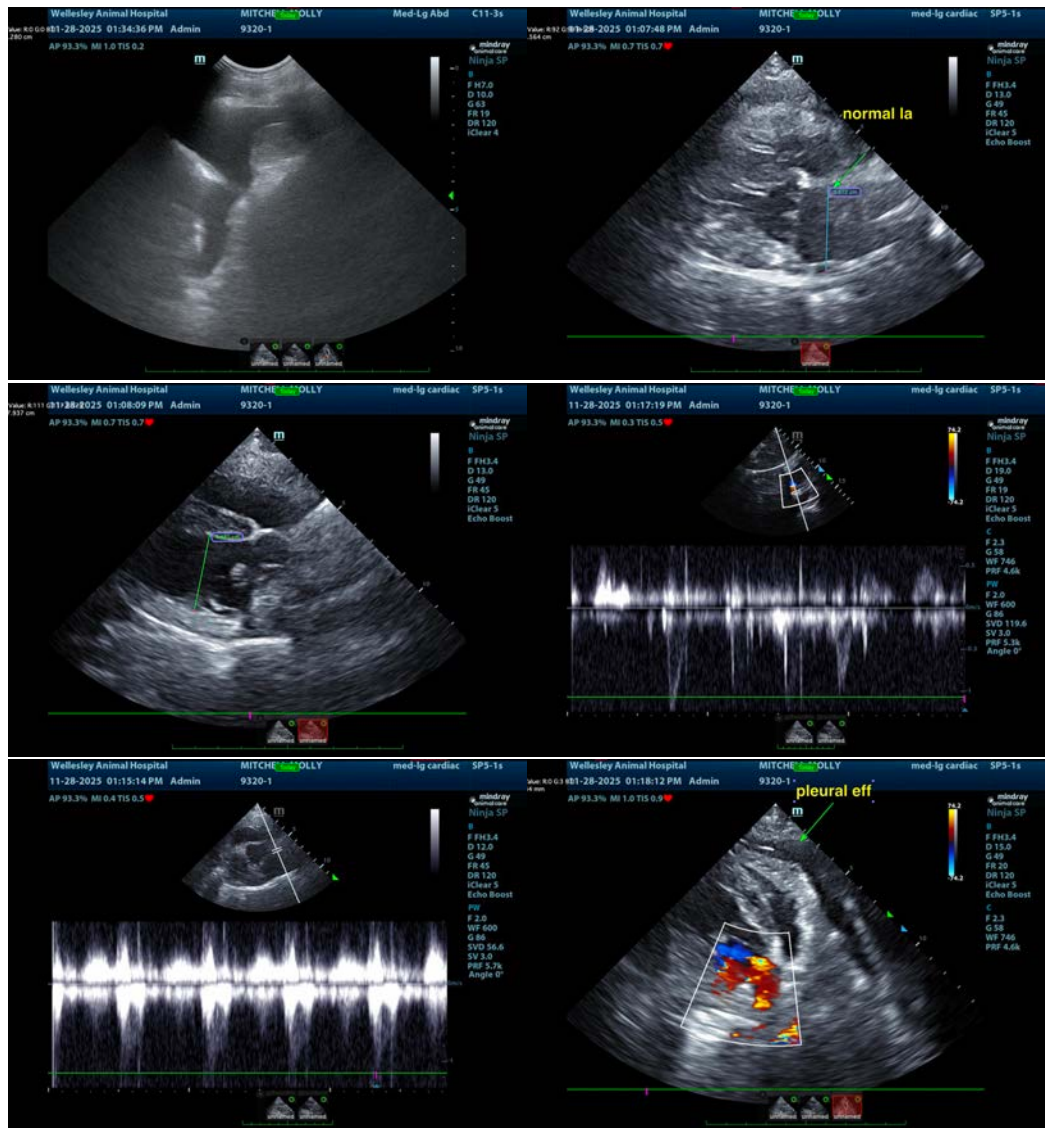
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin recommended to assess for exfoliating neoplasia. If hemorrhagic effusion is present, lung lobe torsion should be considered. Abdominal sonogram recommended to assess for primary disease that may be metastatic to the chest. No evidence of left or right-sided heart failure.





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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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