



PATIENT

Bently 11th Hour

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

1 Year

WEIGHT

10 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatures Denville

REFERRING VET

Dr. Silas

INVOICE

35045

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Recheck echo pre sx. HM grade 3/6 11th hour said.

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	--	3.0	1.1	1.2	37	69	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	109	1.50	2.20	10 lbs	2.14	3.15	--

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. Aortic insufficiency was noted (5.0 m/s) on color flow assessment. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid insufficiency was noted. Some pulmonic insufficiency also appears to be present with pulmonic outflow velocity of 2.20 (mildly elevated). 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. There appears to be a small ventricular septal defect in the membranous septum with a left to right shunt. This is not hemodynamically significant at this time. However, I cannot rule out further small defects in this patient.

ULTRASONOGRAPHIC FINDINGS

- Aortic valve dysplasia and aortic insufficiency with slight ventricular septal defect, potential further smaller defects.
- Pulmonic insufficiency
- No significant volume overload at this time.



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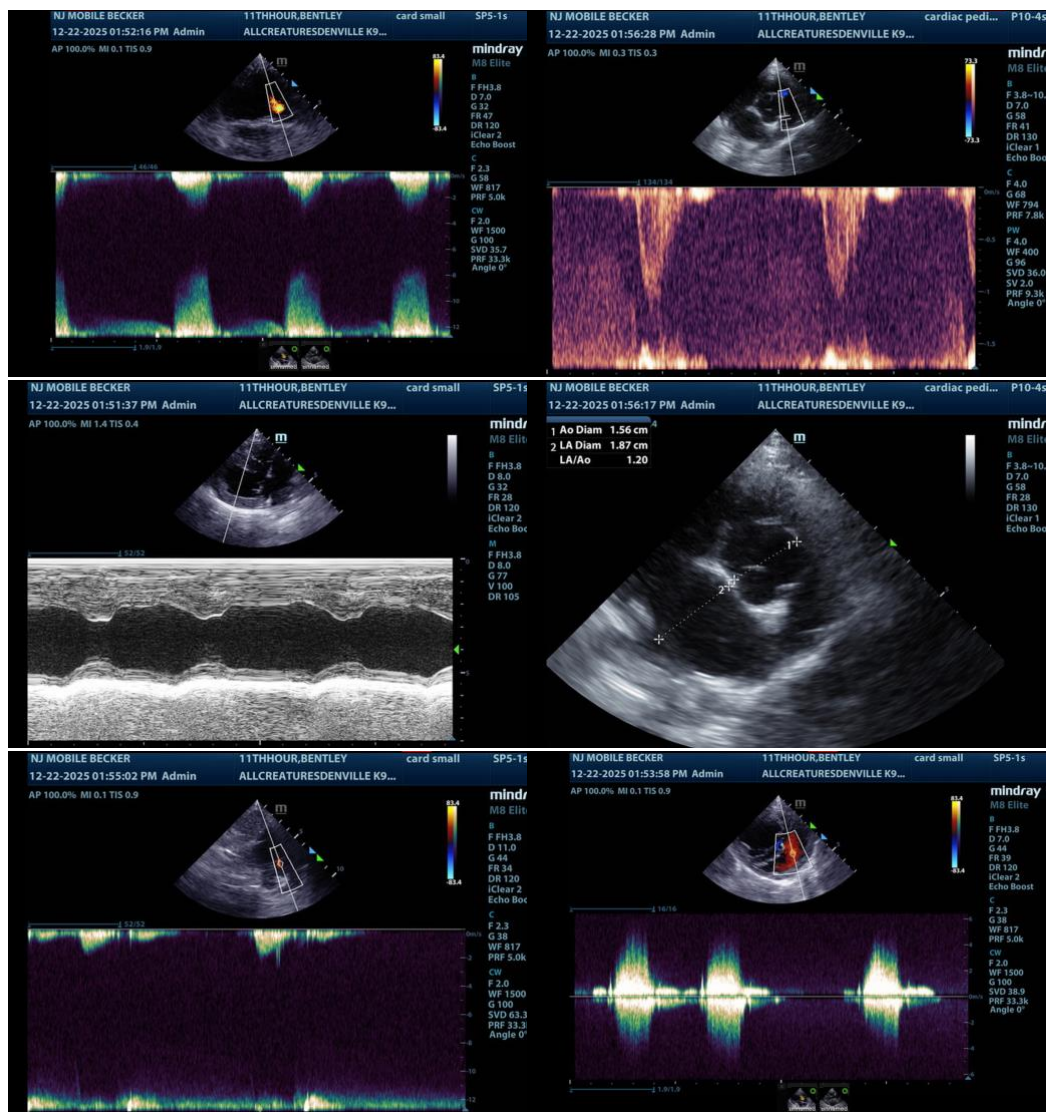
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiologist evaluation on site may be the best option in this patient, however, at this time there is no volume overload or significant pressure overload. Recheck echo in 6 months. If anesthesia is necessary, then Torbutrol (premed), propofol (induction), isoflurane (maintenance), and 5 days antibiotics prior to and after the procedure is recommended. Assessment for any potential for underlying endocarditis history, tick borne disease, bartonella, and so forth should be considered. Broad spectrum antibiotic protocol over a 3 week period and reassessment of the echocardiogram may also be an option.





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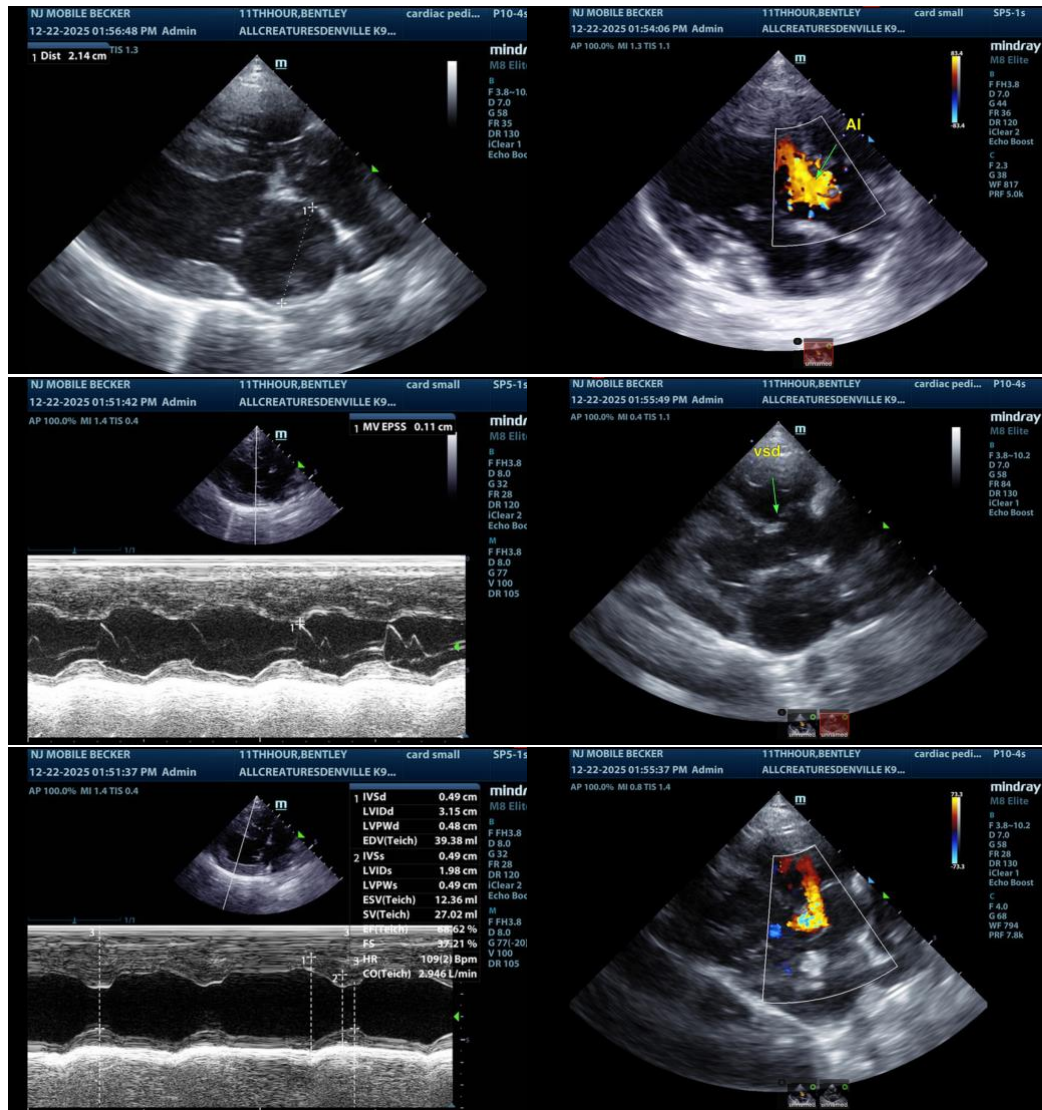
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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