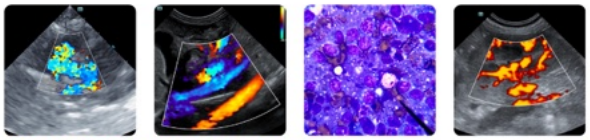


PATIENT

Gibson Midgette

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

12 years

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Elswick

INVOICE

69724

DATE

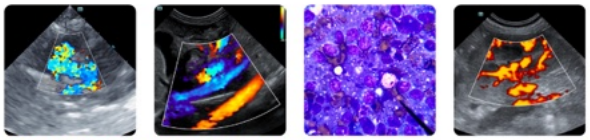
12/31/25

PRESENTING CLINICAL SIGNS

History: Pt presents for a PLE workup echocardiogram, evaluating for pulmonary hypertension or right sided heart failure. Pt had AXR on 12/19. No TXR taken. Originally presented 12/19 for GI issues. Diagnosed with PLE based on labwork (Glob/Alb 1.7/1.1), minimal protein in UA. Pt developed pitting edema in his limbs as well. Pt started on steroids (30mg PO SID at 1mg/kg/day), clopidigrel, zenrelia, probiotics Pt overall has been a little improved in terms of attitude but has developed diffuse diarrhea. Today's labwork shows improvement: Glob/Alb: 2.5/1.5 but starting to show elevations in liver values suspect secondary to steroids. Pt given B12 injection. Pt advised to add in metamucil and pumpkin. Diet: Kangaroo due to sensitivities.
PE: BCS 5/9, moderate muscle atrophy, mild pot belly AFAST/TFAST - free fluid noted mild in both cavities CBC (12/18): WBC 17k - Neut 15k, Mono 0.8k Chem(12/31): Creat 0.4, BUN 5, Glu 115, TP 3.6, Glob 2.1, Alb 1.5, ALT 213, ALP 532 BP: 160/85 (avg) osscilometric

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 or chamber overload. Minor **tricuspid** insufficiency was noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.



PATIENT

Gibson Midgette

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

12 years

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Elswick

INVOICE

69724

DATE

12/31/25

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	6.0	2.0	NM	1.3	35		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	90	1.5	1.0	67 lbs	4.4	4.4	

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency.

Stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of clinical pulmonary hypertension. There is ascites in the abdomen. If the albumin level is less than 1.5 then third spacing of fluid may be spontaneous. However, if at the time of the sonogram the albumin levels are greater, then other factors should be considered. The heart is not a clinical player in this patient.

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

Gibson Midgette

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

12 years

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

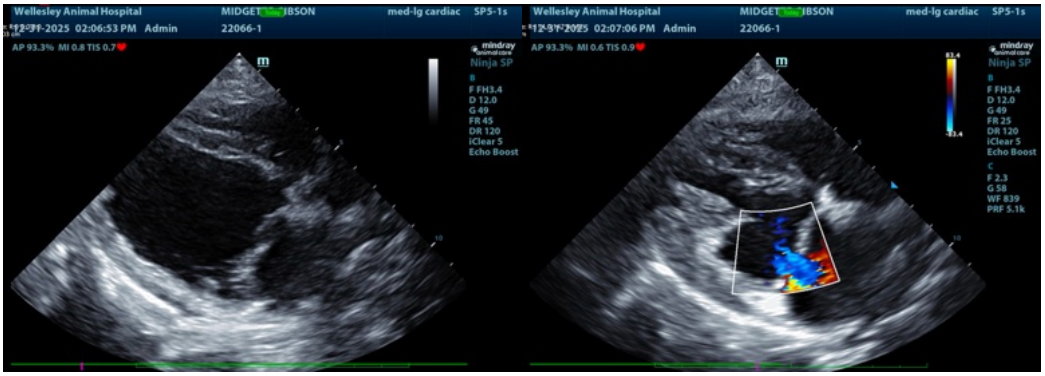
Dr. Elswick

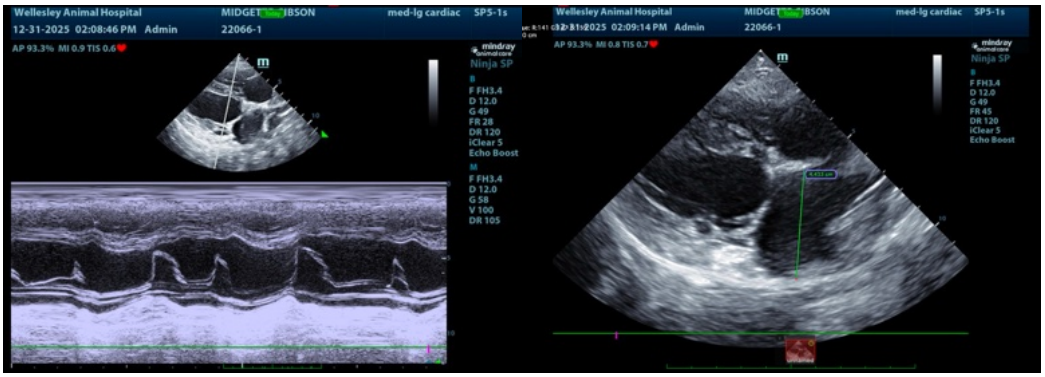
INVOICE

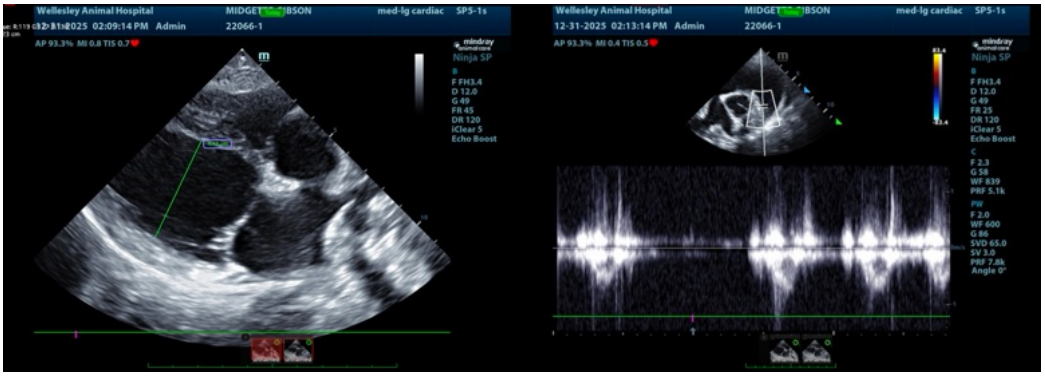
69724

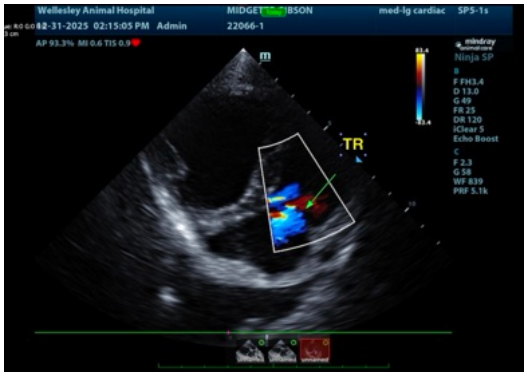
DATE

12/31/25

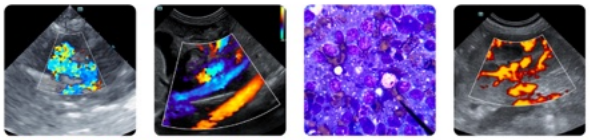








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Gibson Midgette

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

12 years

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Elswick

INVOICE

69724

DATE

12/31/25

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