



**PATIENT**

Suzie McNeil

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

56 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Flanders Veterinary  
Clinic

**REFERRING VET**

Dr. Cheng

**INVOICE**

72378

**DATE**

12/5/25

**PRESENTING CLINICAL SIGNS**

Needs US to assess chest for surgical biopsy and dental. Pt has heartworm in the past and treated successfully, please assess for anesthesia Lipomatous like mass @ rt lateral additional dermal masses scheduled to surgical removal

Abnormal PE/Chem/CBC/UA Results: ALKP 150 U/A: pH 5, rest WNL

**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	68	94	NM
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	2.31	1.39	56	3.0	3.9	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. Trivial **mitral** insufficiency 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. Aortic velocity was slightly elevated. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. 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.

**ULTRASONOGRAPHIC FINDINGS**

- Trivial mitral insufficiency.
- Mild increased LVOT velocity – may be owing to hyperdynamic state, yet systemic hypertension should be ruled out.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Minor flow murmur. No evidence of volume overload or pressure overload. No contraindication to anesthetic procedure. Torbutrol pre-med, Propofol induction, Isoflurane maintenance or equivalent protocol recommended. Recheck echo in one year, earlier if murmur grade increases.



