



PATIENT

Romeo Gould

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.08 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenni Trudini,
MRCVS, SDEP Cert
(ABD)

HOSPITAL NAME

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Veterinary Practice

REFERRING VET

Dr. Holly Guenther

INVOICE

13700

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- Patient recently seen at an ER for a possible syncopal vs seizure episode and was found to have a new Grade 3/6 systolic murmur, no other cardiac abnormalities noted. Patient was started on Vetmedin at the ER but owners are having a hard time with admin based on p/e and hx only. Owners elected to pursue an echocardiogram for further evaluation.
- - As a side point since this appt was scheduled, patient presented with hematuria and radiographs revealed that patient has multiple uroliths. This echocardiogram is therefore also warranted for a pre-anesthetic workup and suitability for GA for a cystotomy

Abnormal PE/Chem/CBC/UA Results: Grade 3/6 systolic murmur, no arrhythmia and normal femoral pulse quality, mm pink. CRT < 2 sec - Biochem: ALKP elevated (352) - CBC: unremarkable

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	--	41	74	0.28
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	--	1.2	1.2	9.08	2.68	2.39	--

E-wave velocity: 1.2

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor **mitral valve** insufficiency was noted in this patient yet not clinically significant. Prolapse of the anterior mitral valve leaflet was noted without significant volume overload. The **left ventricle** presented normal 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



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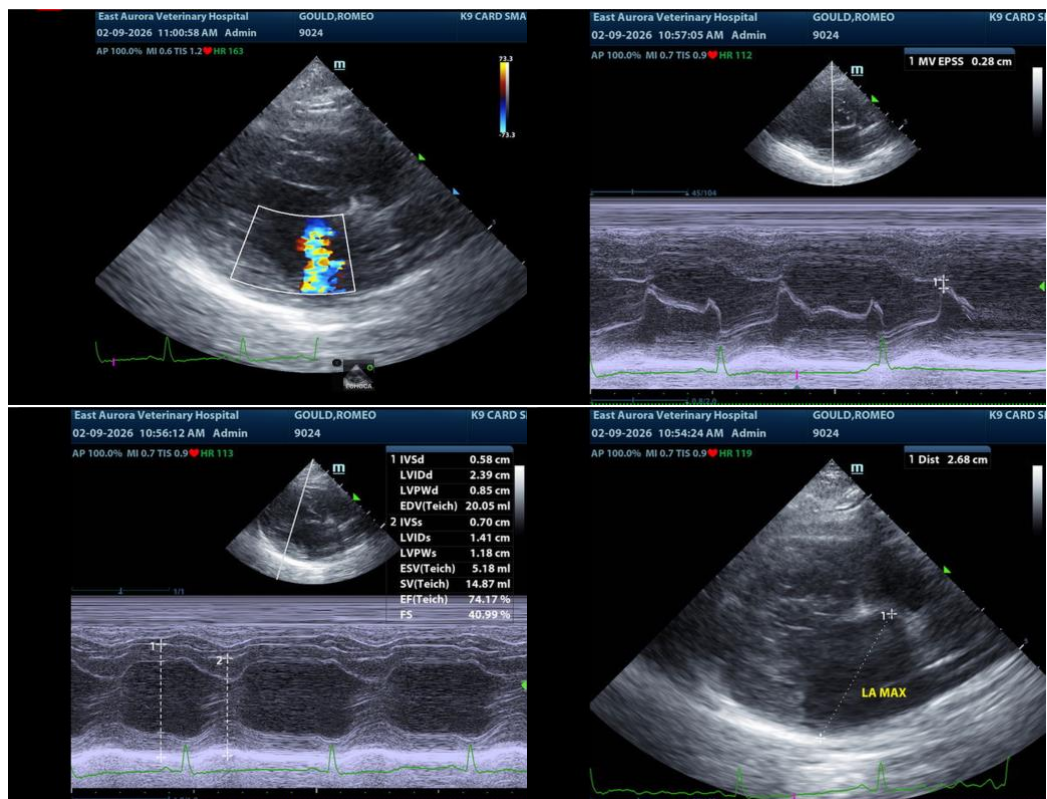
normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible pericardial or free pleura fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window. Occasional arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure, EKG and/or Holter monitor is indicated in this patient. No significant volume overload was noted at this time, however, there is significant prolapse. A recheck in 3-6 months or earlier if any clinical signs initiate.





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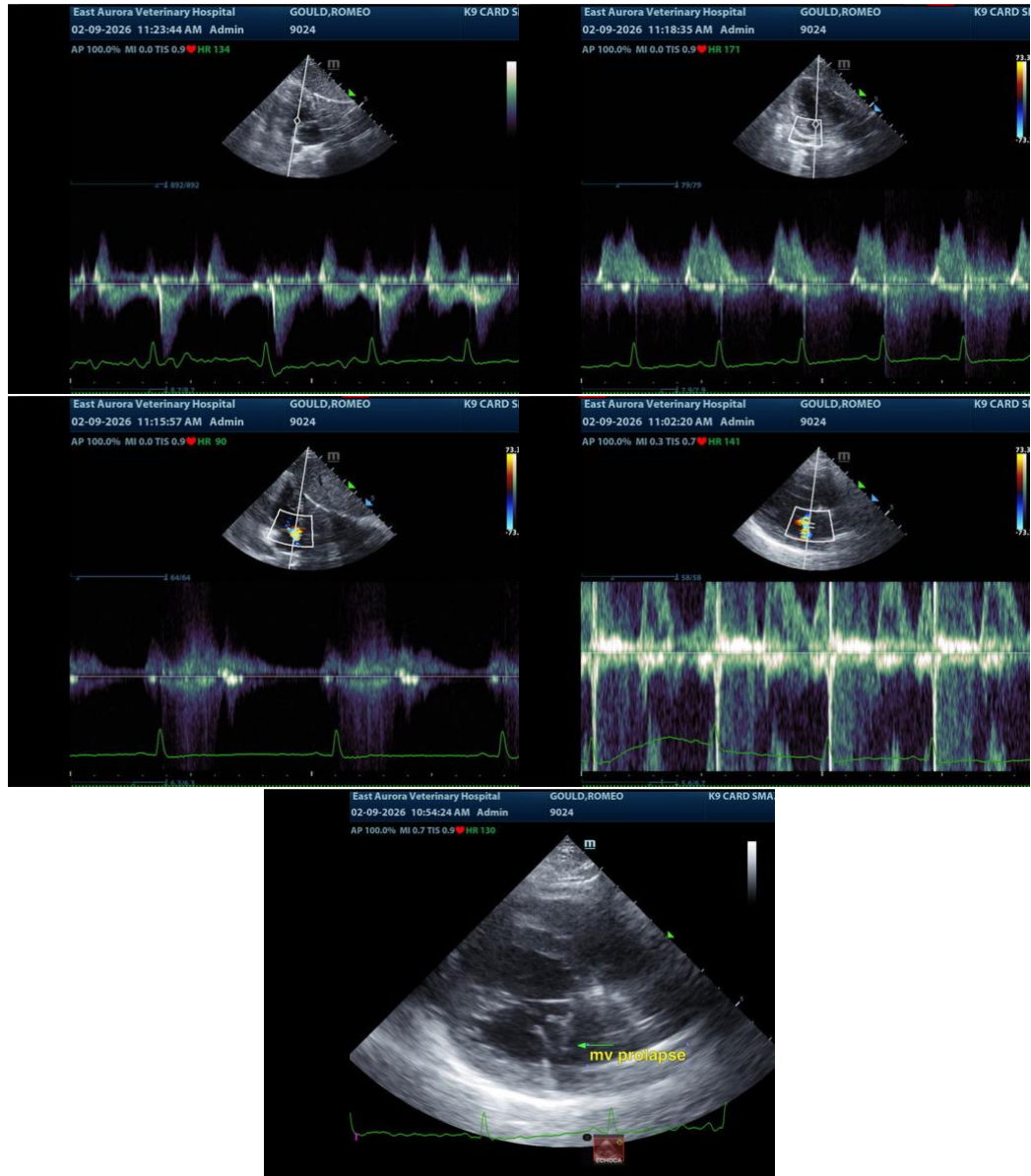
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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