

## PATIENT

Bruin Sheridan

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered male

## AGE

4 years

## WEIGHT

80 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Rodriguez

## HOSPITAL NAME

Foxfield VS

## REFERRING VET

Dr. Rodriguez

## INVOICE

71638

## DATE

2/17/26

## PRESENTING CLINICAL SIGNS

- New heart murmur 2/6.

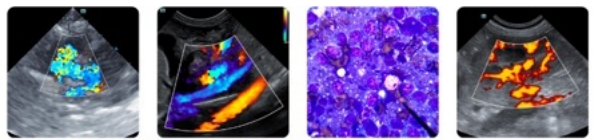
## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 was structurally unremarkable, yet mildly increased LVOT velocity was noted in this patient. This is idiopathic, yet may represent a very minor form of subaortic stenosis, yet there was no structural evidence of such disease is present and the elevation is minor. There was no other evidence of turbulence noted that would be responsible for the murmur. 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). 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.

| 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                   | -             | -             | 1.2          | 1.45               | 43                              | 71                                       | 0.2                                      |
| 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                   | -             | 2.4           | 1.9          | 80 lbs             | 4.1                             | 3.75                                     |  |

## ULTRASONOGRAPHIC FINDINGS

Idiopathic increased LVOT velocity, minor, not clinically significant.



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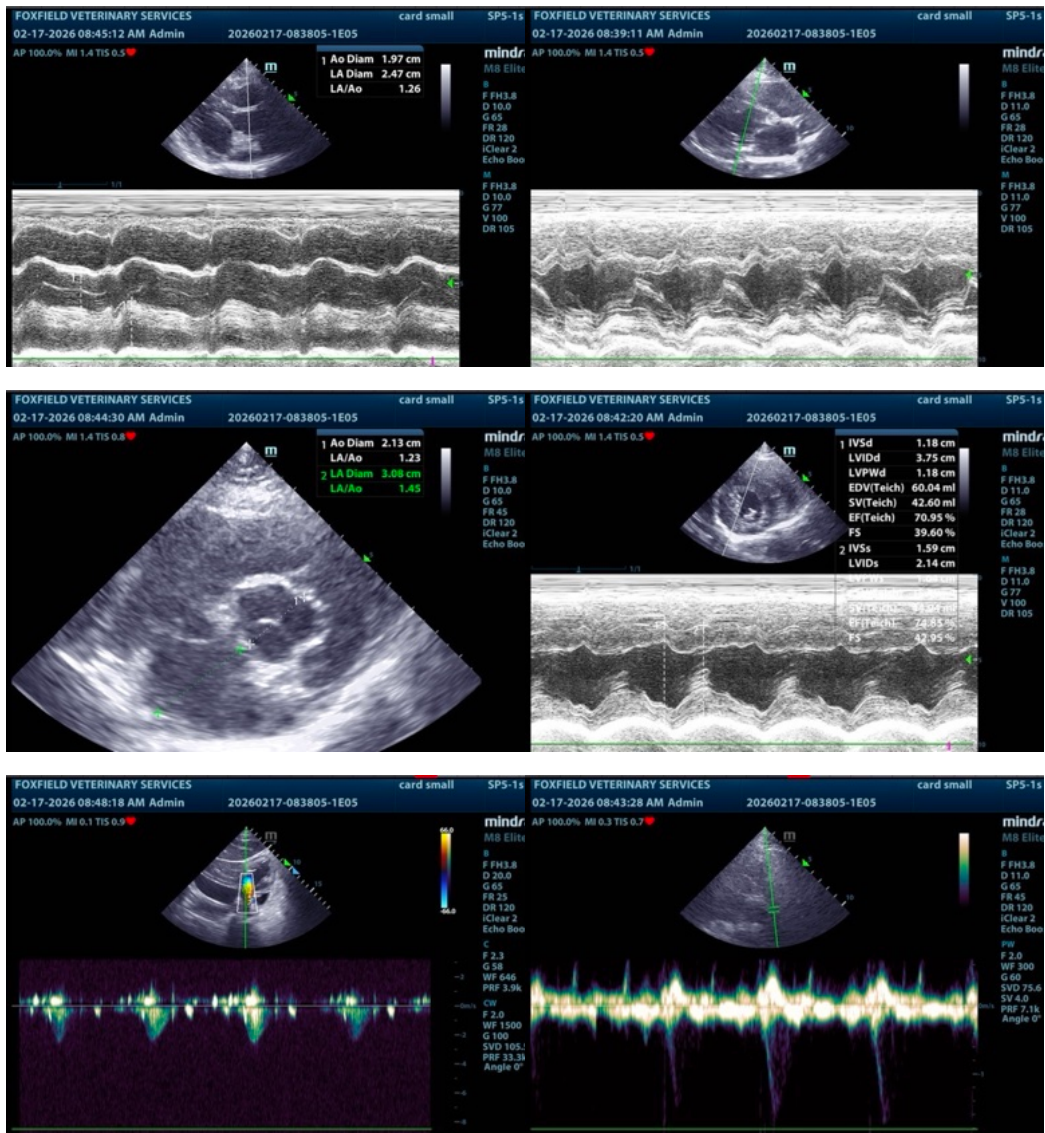
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the murmur is an ejection murmur type character, this is the increased LVOT velocity, which may augment during hyperdynamic state such as excitement. Blood pressure measurements are indicated, yet this is idiopathic LVOT flow murmur. No treatment is indicated. If the murmur grade increases over a year, then a recheck echocardiogram would be indicated at that time.





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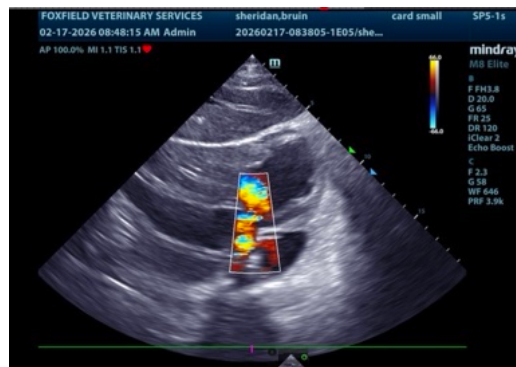
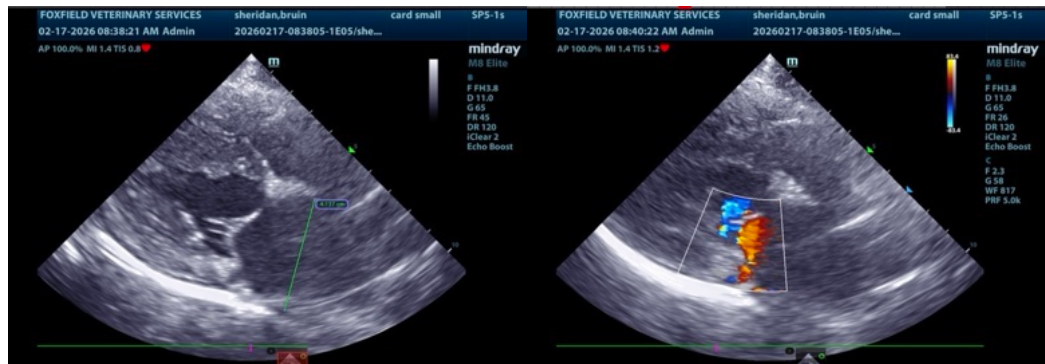
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)