



PATIENT

Dozer Balt

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

13 years

WEIGHT

8.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kaitlyn Varga

HOSPITAL NAME

Shuswap VC

REFERRING VET

Dr. Roy

INVOICE

71375

DATE

2/7/26

PRESENTING CLINICAL SIGNS

- Patient has congenital hypothyroidism and is on thyroid supplementation.
- Initial Presenting Complaint: New MCT & new heart murmur
- Clinical Signs: occasional coughing, otherwise no clinical signs
- Significant/ relevant exam findings: new MCT on RH leg. New heart murmur on exam (Jan 30th)
- Findings: normal CBC/COMP other than very mild hypercalcemia
- Radiographs: Date: Jan 30th 2025 Findings: VHS = 13, possible mass in cranial R lung field
- Current Medications: just started pimobendan 2.5mg BID, coming in on gaba/traz
- Sedated with butorphanol 0.2mg/kg for ultrasound- profound sedation
- Patient has an overall stunted appearance. Cutaneous mass right lateral stifle area, evidence of lymph node invasion on aspirate. Heart murmur is focal, left apex, does not radiate. No arrhythmia appreciated and pulses were strong and synchronous. Abdominal ultrasound showed a dilated/ tortuous portal vein- suspicious for PSS but no other clinical signs consistent with this. Most recent bloodwork in July 2025 showed normal CBC. Chemistry had mild hypercalcemia 3.19mmol/l (2.25-3.10mmol/l).

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. **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. Occasional arrhythmia was noted in this patient.



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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			1.0	1.1	40	74	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	80	1.5	1.2	8.1 kg	3.4	1.89	

ULTRASONOGRAPHIC FINDINGS

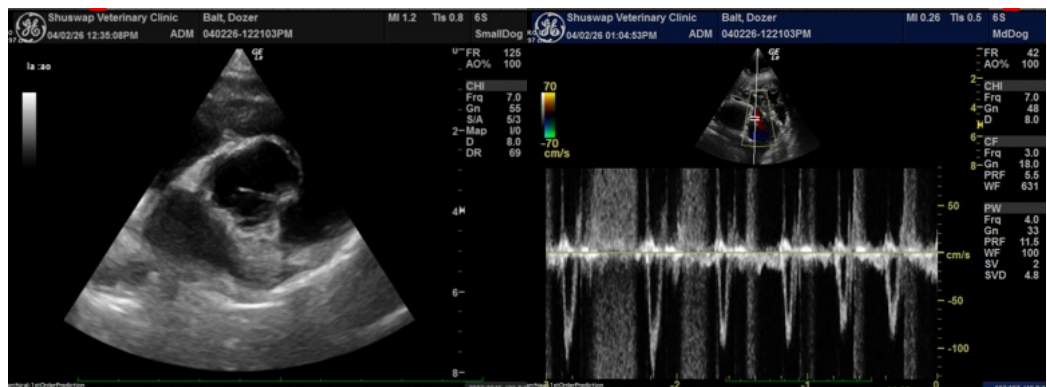
Trivial mitral insufficiency.

Occasional arrhythmia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG is indicated.

I do not see a necessity for Pimobendan or any medication at this time. I recommend stopping Pimobendan at this time. There was no evidence of volume overload. Recheck echocardiogram in 6 months if the murmur is present. There are no masses in the visible plane; however, intercostal imaging is recommended based on radiographic changes may prove effective any lung or lymph node masses that are out of the plane in this image set.





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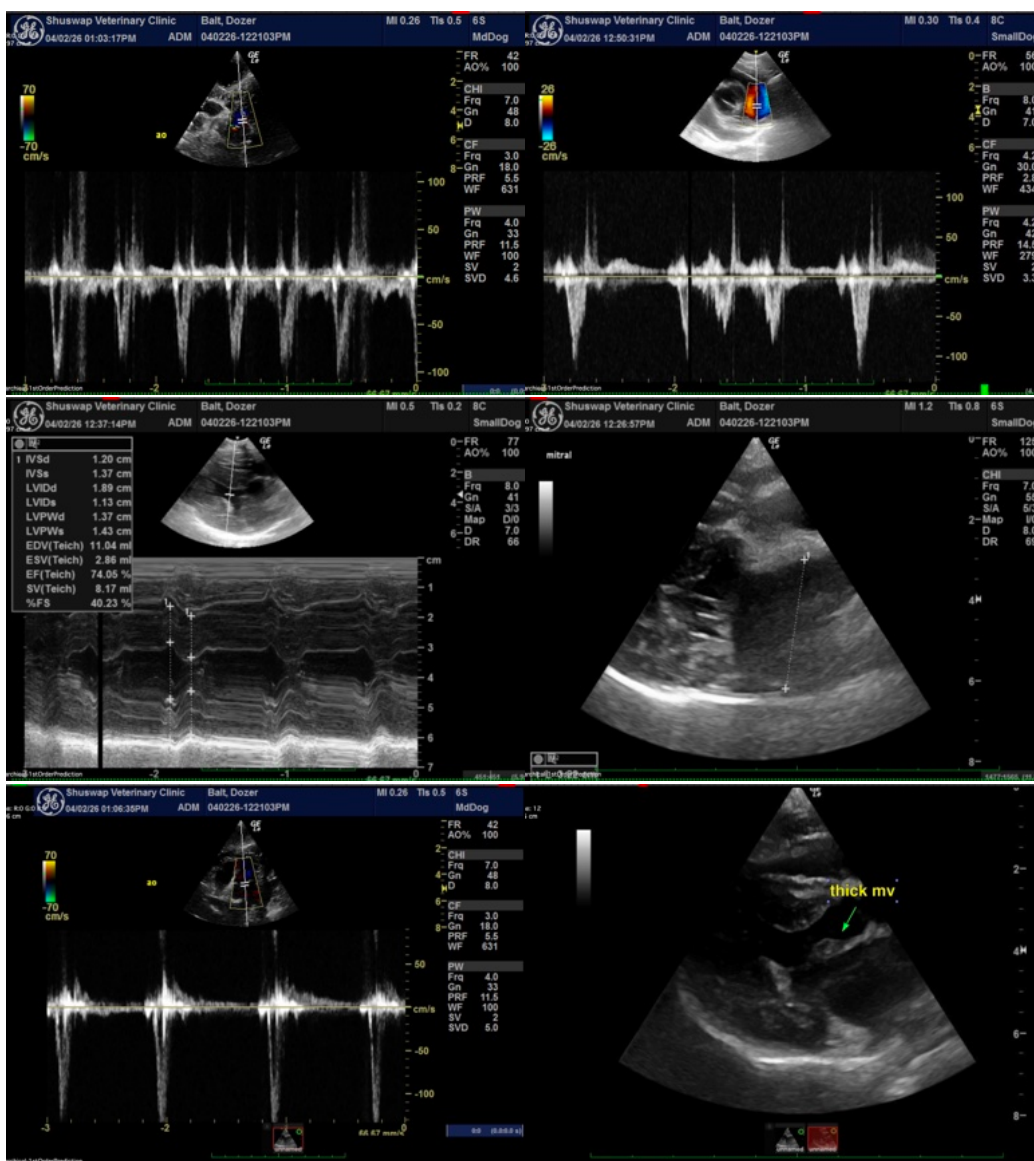
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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