



PATIENT

Boots SHAH

SPECIES

Canine

BREED

Boston Terrier

SEX

MC

AGE

12

WEIGHT

12.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lauren Sikorski

HOSPITAL NAME

Animal Internal
Medicine

REFERRING VET

Dr. Lauren Sikorski

INVOICE

73709

DATE

3/13/26

PRESENTING CLINICAL SIGNS

No history of coughing or breathing difficulties. Liver lobectomy completed. Post-operative aspiration pneumonia. Responded remarkably to antibiotics alone. Cardiomegaly on radiographs, normal vessels

Abnormal PE/Chem/CBC/UA Results: Abdominal incision. Murmur/A not noted per Idvm.

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	6.0	~3.0-3.5	1.1	1.3	45	80	0.4
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	138	1.4	3.6	12.5	3.6	3.5	--

Cardiac Presentation

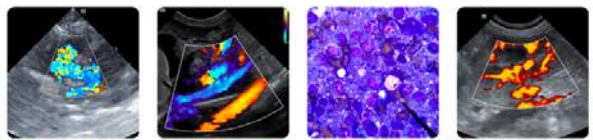
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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 demonstrated normal laminar flow and subjective structural integrity. **Right atrial** to left atrial ratio was 1:1. **Tricuspid** insufficiency was present and moderate. **Right ventricular** hypertrophy noted with prominent **pulmonary artery**. 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.

ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for pulmonary hypertension in this patient. Some superimposition of the tricuspid doppler onto the left atrium was noted, and therefore precise tricuspid insufficiency velocity could not be completely ascertained. However, it is suspected to be in the 3.0-3.5 m/sec range. Recommend assessing hepatic vein dilation if any evidence of right-sided failure is occurring. If the patient has clinical signs of pulmonary hypertension such as exercise intolerance, then Sildenafil could be considered at 1 mg/kg



PATIENT

BID. Serial blood pressures warranted.

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Otherwise, the heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure, EKG and chest radiographs are recommended if not already performed. 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.

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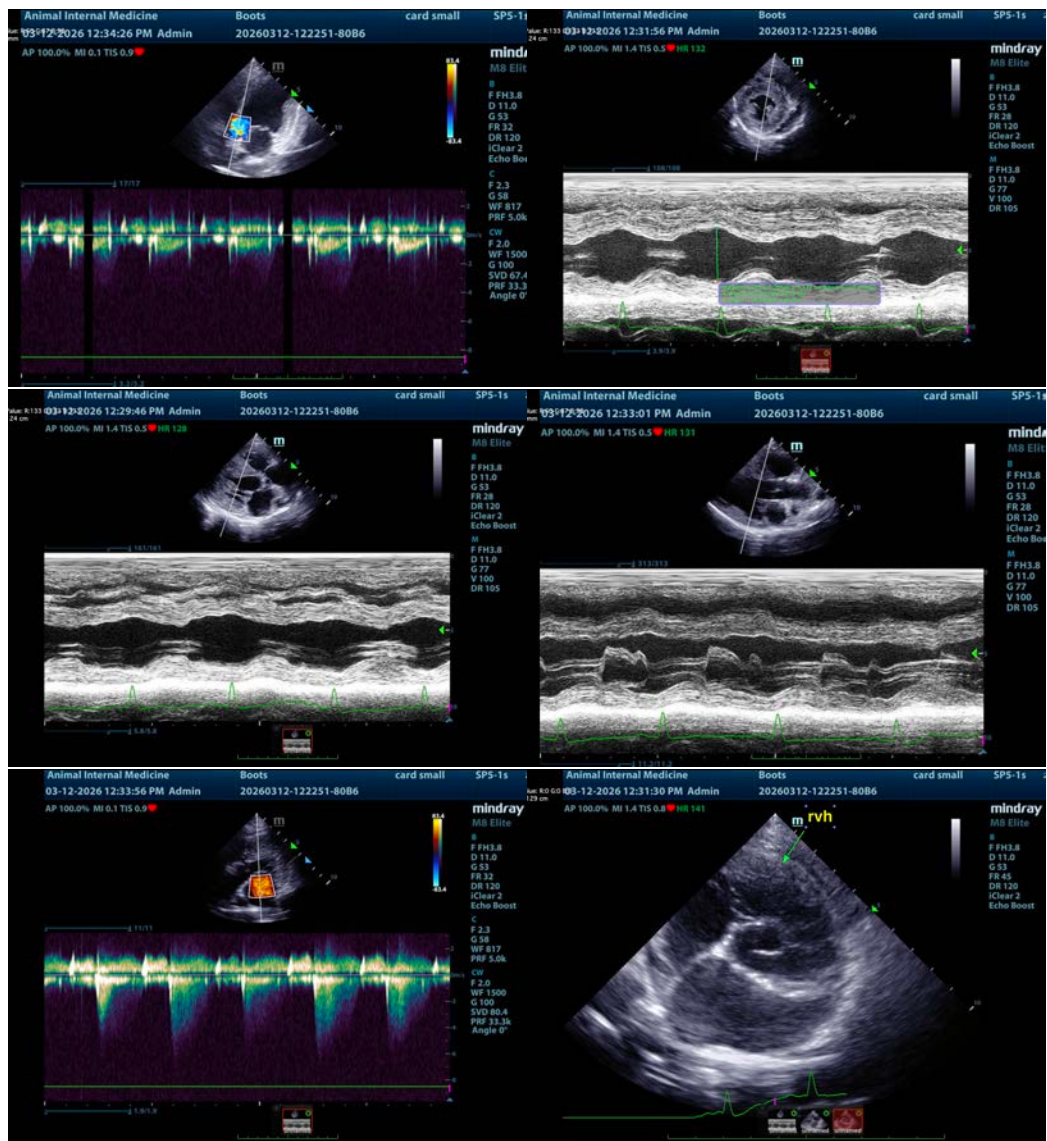
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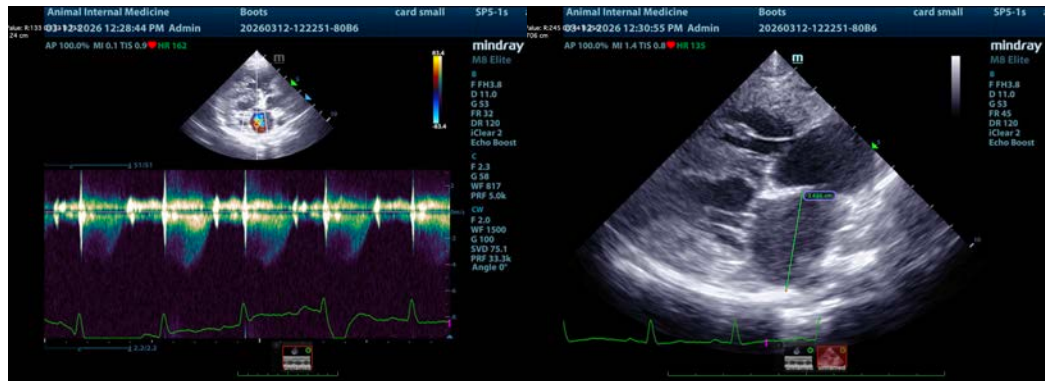
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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