



**PATIENT**

Marvin Monahan

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered Male

**AGE**

13 Years 1 Month

**WEIGHT**

16.3 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Midland Park  
Veterinary Hospital

**REFERRING VET**

Dr. Shokoff

**INVOICE**

73670

**DATE**

3/13/26

**PRESENTING CLINICAL SIGNS**

Routine Recheck echo. Stage B1 Valvular dz. No clinical issues suggestive of cardiopulmonary dz

Current medications - Galliprant, Heartgard

Abnormal PE/Chem/CBC/UA Results: Pending

**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	--	1.2	1.4	47	81	0.4
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	140	1.3	1.14	16.3	2.6	2.84	--

**Cardiac Presentation**

The cardiac presentation revealed mitral and tricuspid insufficiency without volume overload of either atria. Left ventricular thickening was mildly excessive. However, internal volume was normal. The right atrium, right ventricle, and pulmonary outflow were unremarkable. Contractility was adequate. Mitral insufficiency presented moderate filling of the left atrium. Tricuspid insufficiency was minimal. No pericardial or pleural effusion in the visible extra cardiac space. Rapid view of the liver revealed no evidence of passive congestion.

**ULTRASONOGRAPHIC FINDINGS**

- Stable Stage B1 valvular disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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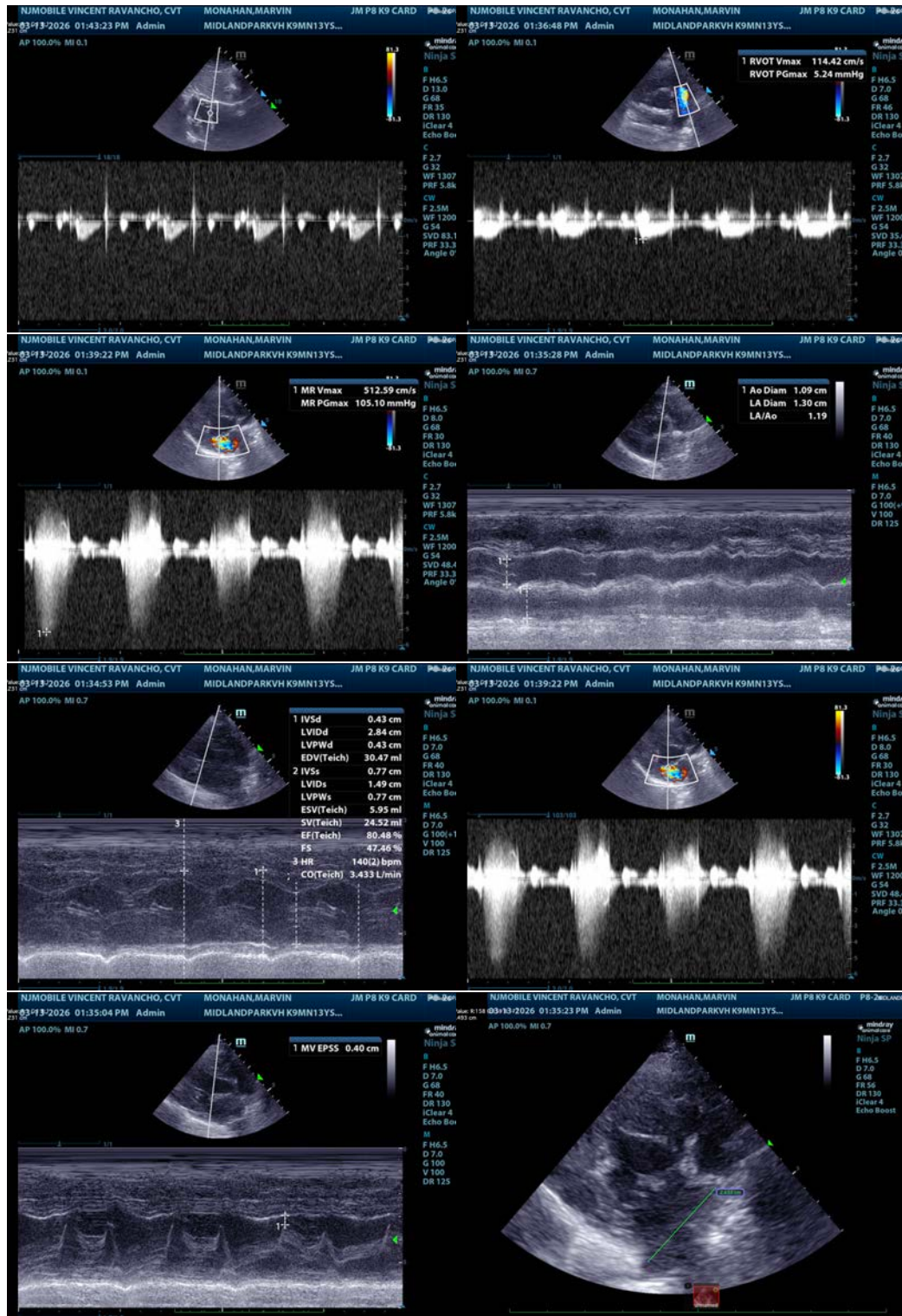
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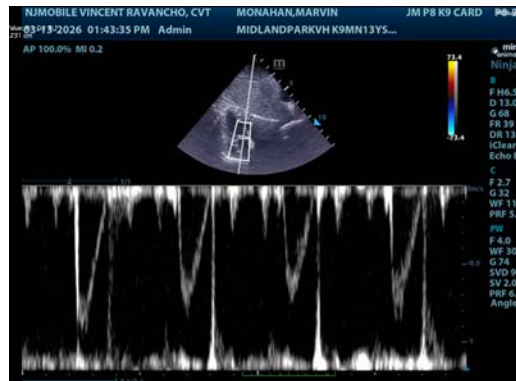
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)