

PATIENT PRESENTING CLINICAL SIGNS

- Max Gordon
- Pre-Sx Echo for anesthesia, no c/s noted
- SPECIES
- HM 2/6
- Canine
- Abnormal PE/Chem/CBC/UA Results: ALT 184 chronic, ALP 482

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Maltese

SEX

Neutered Male

AGE

14 Years 5 Months

WEIGHT

11 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine & Feline), Cert. IVUSS

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	5.0	--	1.23	1.4	43	75	0.1
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	80	1.50	.70	11 lbs	2.6	2.82	--

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzone

INVOICE

36342

DATE

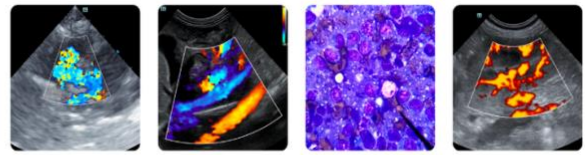
3/23/26

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Prolapse of the anterior **mitral valve** leaflet was noted. 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. Minor **tricuspid** insufficiency was noted. 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.

A **rapid view of the liver** revealed no evidence of passive congestion; however, some nodular changes were noted. Abdominal sonogram may be appropriate.

ULTRASONOGRAPHIC FINDINGS



PATIENT

- Stage B-1 valvular disease

Max Gordon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

No overt contraindication to anesthetic procedure.

Canine

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 recommended if not already performed and 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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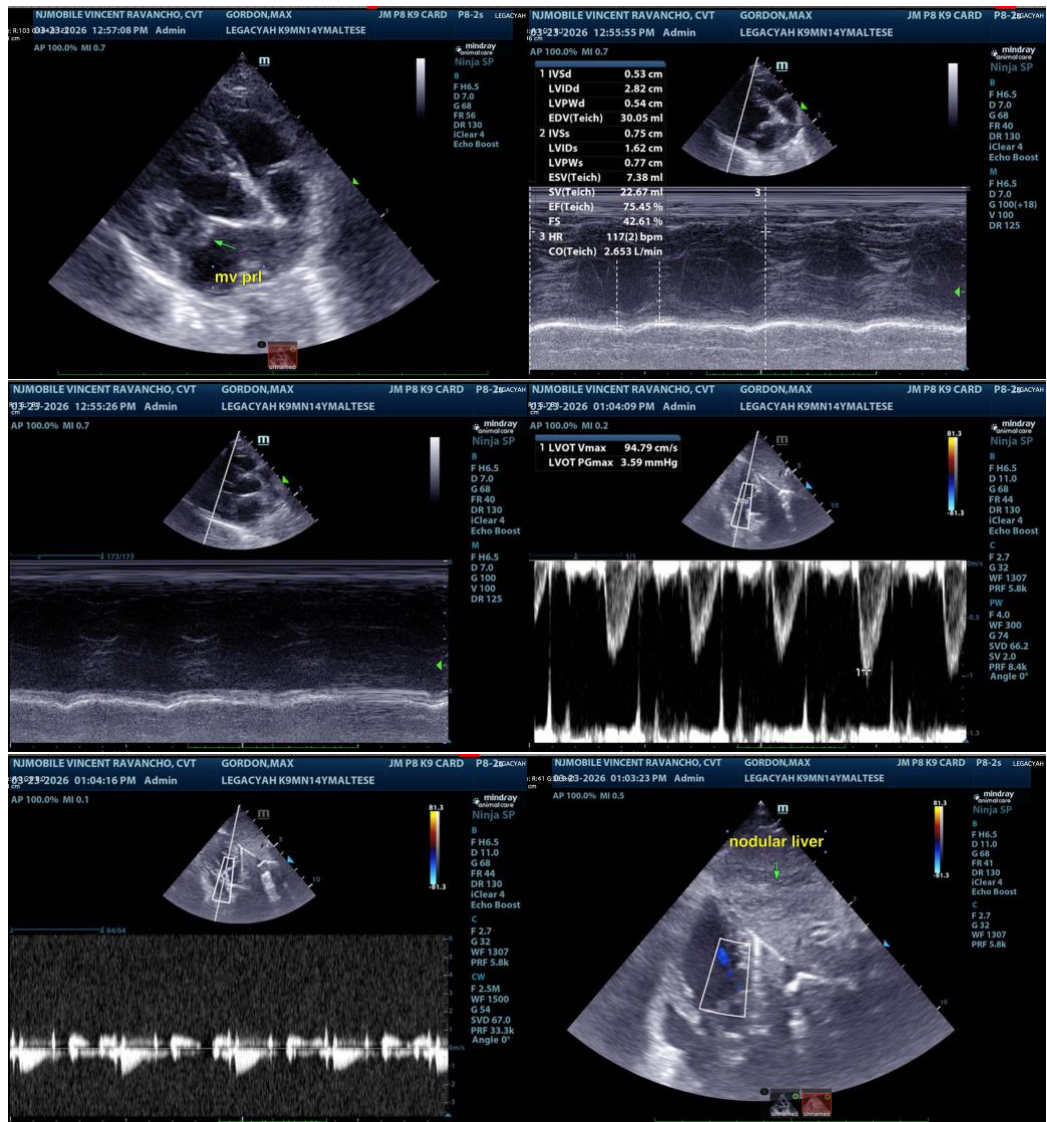
Dr. Potenzone

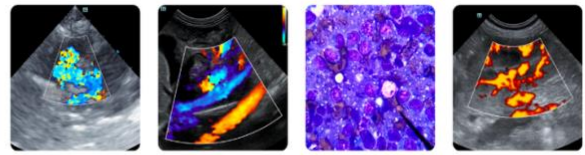
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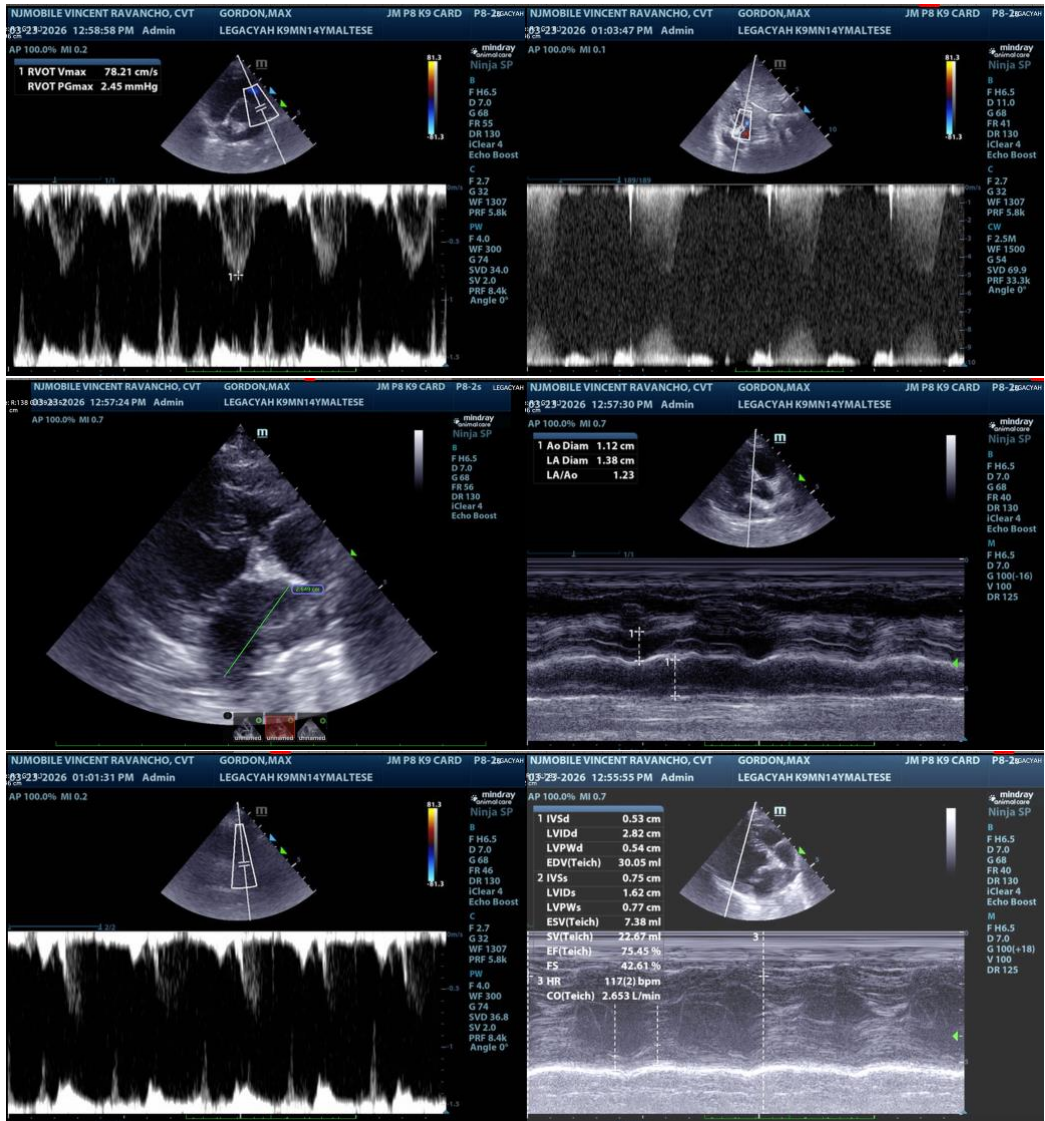
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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