



PATIENT

Ginger McCausland

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

42.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

AH of Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

36376

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Evaluate heart and diaphragm
- Coughing, gagging, very elevated LEZ, RRR are consistently <30
- Current meds: Lasix started 3/25 PM
- X-rays: unable to see cardiac silhouette, cannot make out diaphragm- is that liver in caudoventral chest?

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	--	--	1.3	--	42	75	NM
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	--	1.20	.90	42.1 lbs	2.2	2.87	--

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. Aortic insufficiency was noted, measuring 5.0 m/s. 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). A moderate amount of pleural effusion was noted with irregular lung tissue, suggestive for a neoplastic process.

ULTRASONOGRAPHIC FINDINGS



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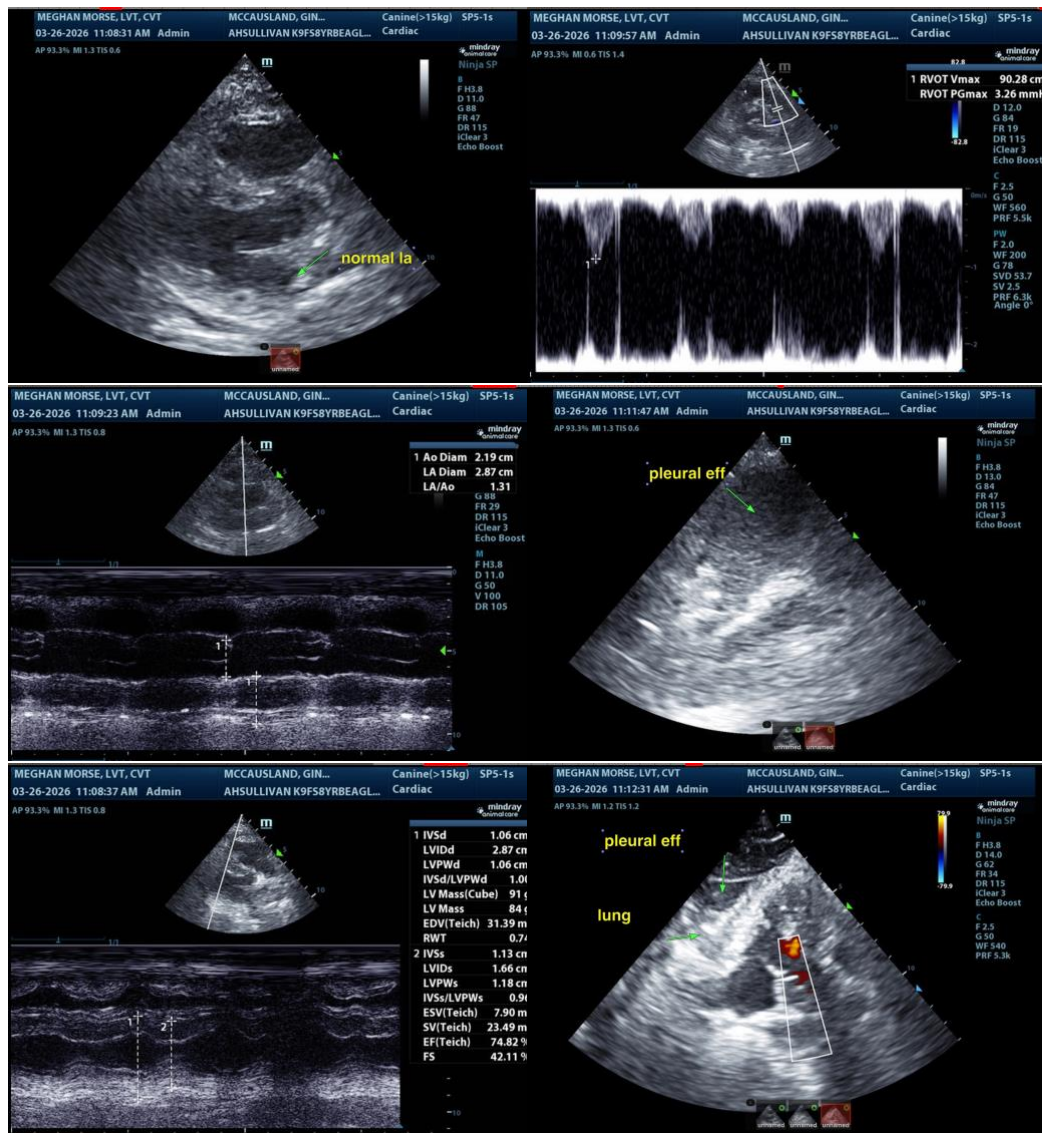
3/26/26

- Noncardiogenic pleural effusion and lung consolidations, strong concern for a neoplastic event.
- Aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of primary cardiac disease. The cough is noncardiogenic in this patient, as the left atrial size is normal. No cardiac medications are recommended at this time.

Abdominal sonogram is recommended to assess for related/primary disease that may be metastatic to the chest. Pleurocentesis and cytospin with immediate slide preparation to assess for exfoliating neoplasia and chest CT are indicated. Extracardiac pathology, such as thoracic neoplasia, pleuritis, lung lobe torsion are all potentials.





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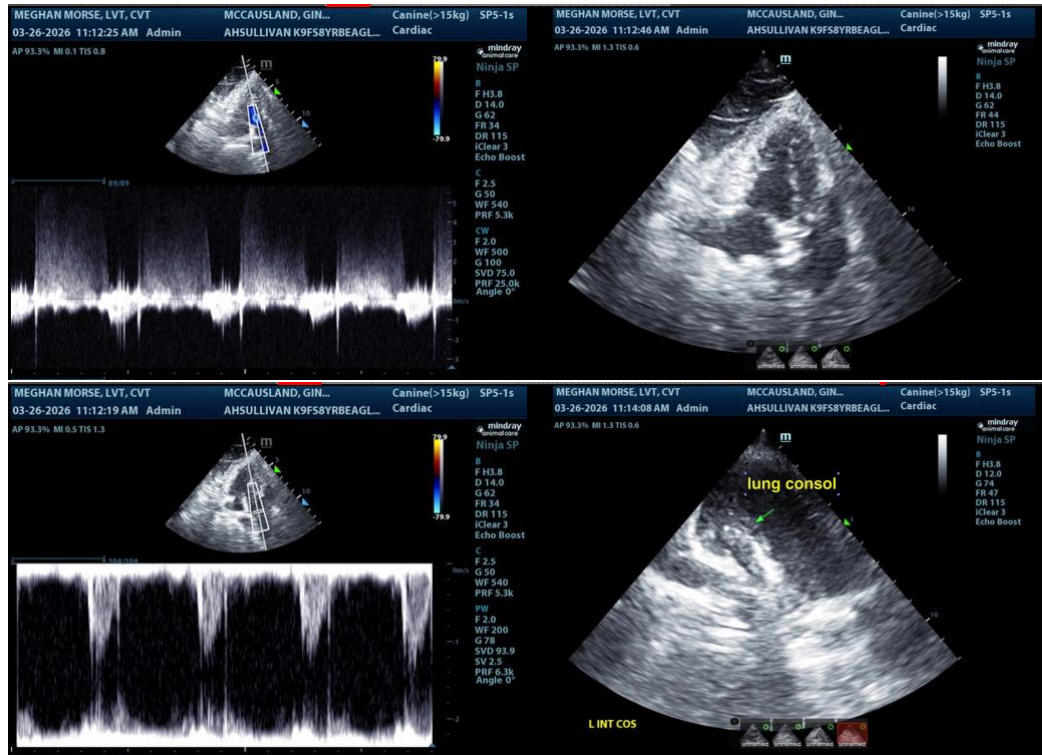
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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