



**PATIENT**

Lucky Fitzgerald

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

14 Years 5 Months

**WEIGHT**

57.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Martinsville Veterinary  
 Hospital

**REFERRING VET**

Dr. Shendell

**INVOICE**

74699

**DATE**

4/22/26

**PRESENTING CLINICAL SIGNS**

New murmur 2/6 L Systolic. Mild chronic non-regen anemia. Hepatopathy recheck, newly elevated ALT, increased ALP.

Abnormal PE/Chem/CBC/UA Results: ALT 274, ALP 1080, proBNP 1107

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

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	5.71	--	1.1	1.3	34	63	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	121	1.9	1.05	57.6	3.7	4.78	--

**Cardiac Presentation**

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.



**PATIENT**

Lucky Fitzgerald

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

14 Years 5 Months

**WEIGHT**

57.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Martinsville Veterinary  
 Hospital

**REFERRING VET**

Dr. Shendell

**INVOICE**

74699

**DATE**

4/22/26

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Right kidney measured 7.0 cm. Left kidney measured 6.8 cm.

**Adrenal Glands**

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Right measured 2.76 cm x 1.04 cm at the cranial pole and 0.74 cm at the caudal pole.

The **left adrenal gland** measured at the upper limits of normal for size at 0.94 cm at the caudal pole and 0.47 cm at the cranial pole and 3.2 cm in length.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** presented multifocal coalescing nodular changes and increased portal markings. Moderate amount of remodeling noted. Minor gallbladder sand noted.

**Gastrointestinal**

The **stomach** was filled with ingesta. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Stage B1 valvular disease.
- Slightly swollen left adrenal gland.
- Coalescing nodular changes in the liver, creating mass effects – pronounced hyperplasia versus underlying carcinoma.



**PATIENT**

Lucky Fitzgerald

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

14 Years 5 Months

**WEIGHT**

57.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Martinsville Veterinary  
Hospital

**REFERRING VET**

Dr. Shendell

**INVOICE**

74699

**DATE**

4/22/26

- Full stomach.

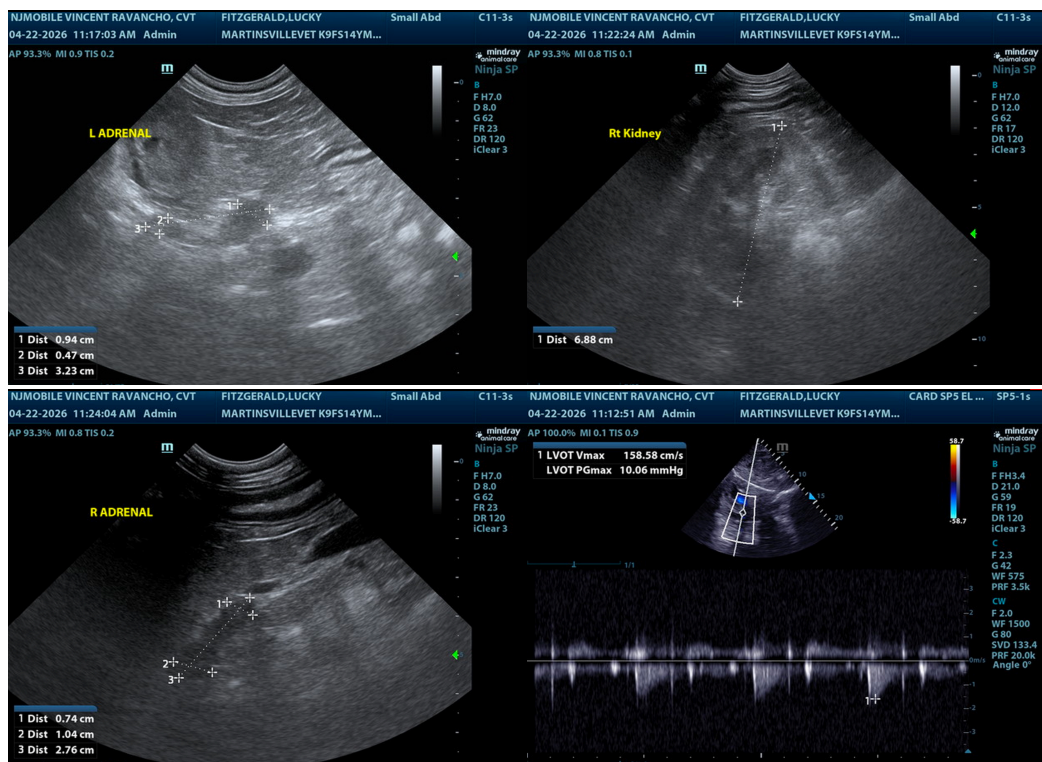
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

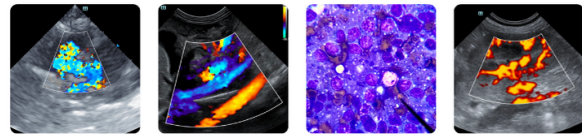
The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure, EKG and chest radiographs are recommended if not already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

Bile acid profile warranted +/- FNA of the various coalescing nodules in the liver. SDEP 11 & 12 approach to FNA would be appropriate.

I cannot rule out soft foreign matter in the stomach.

Prognosis is guarded.





**PATIENT**

Lucky Fitzgerald

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

14 Years 5 Months

**WEIGHT**

57.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Martinsville Veterinary  
 Hospital

**REFERRING VET**

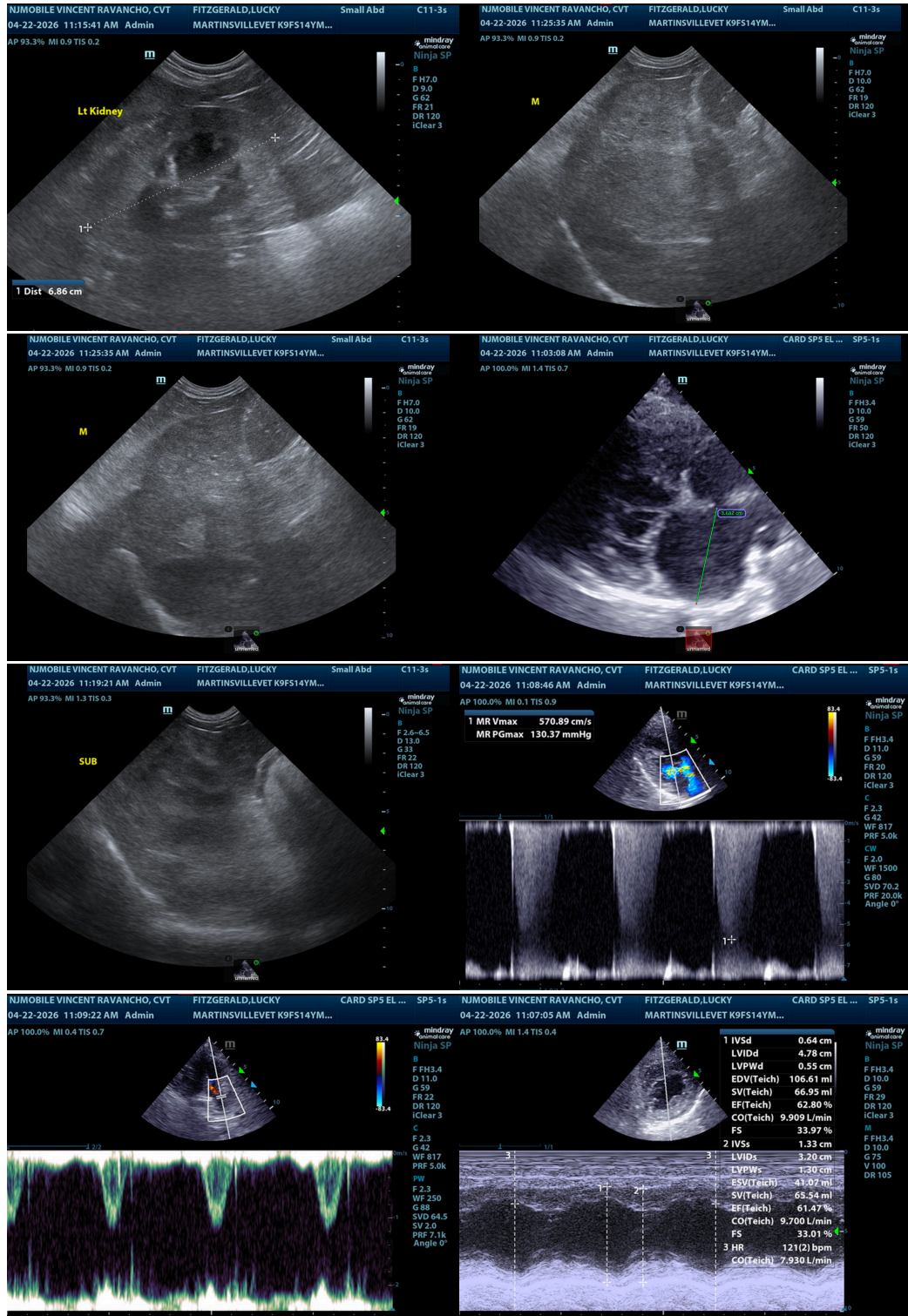
Dr. Shendell

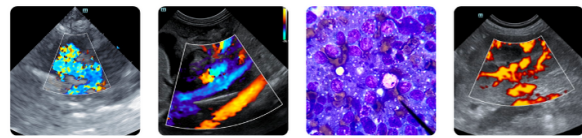
**INVOICE**

74699

**DATE**

4/22/26





**PATIENT**

Lucky Fitzgerald

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

14 Years 5 Months

**WEIGHT**

57.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Martinsville Veterinary  
Hospital

**REFERRING VET**

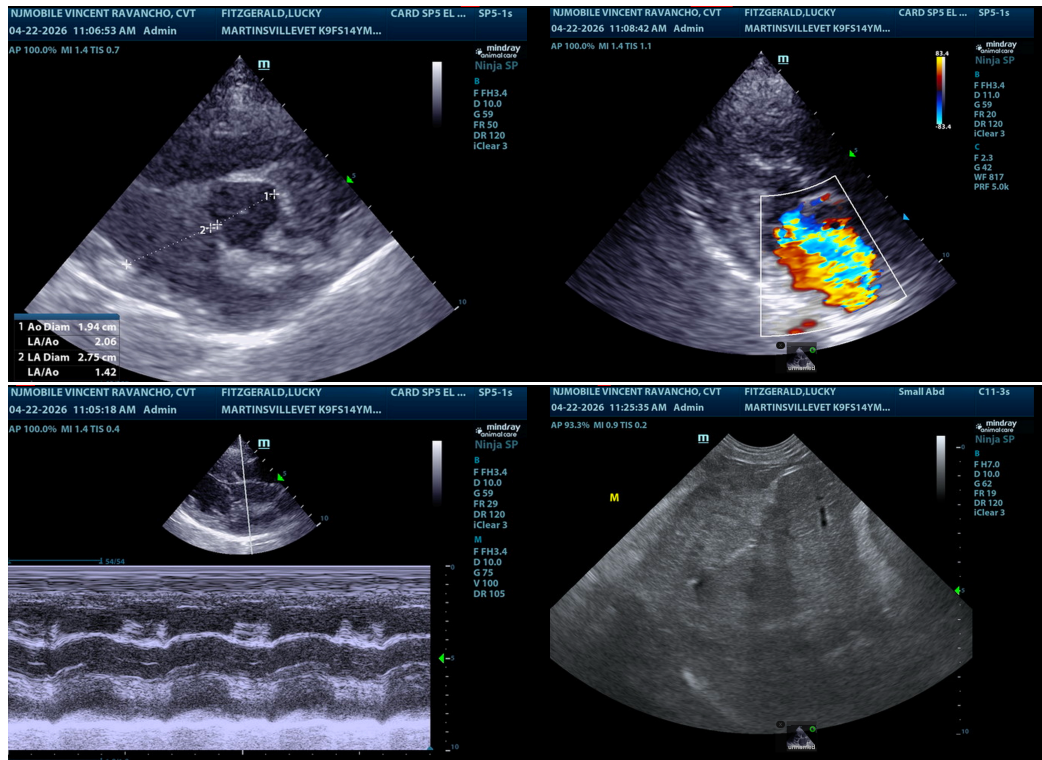
Dr. Shendell

**INVOICE**

74699

**DATE**

4/22/26



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)