



PATIENT

Tee Tee Lake

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

14 Years 4 Months

WEIGHT

5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal
Hospital

REFERRING VET

Dr. Summers

INVOICE

74685

DATE

4/22/26

PRESENTING CLINICAL SIGNS

Syncope noted when being held for blood sample. Heart rate was 60 bpm and lasted approx 3 minutes. Grade III/VI heart murmur noted.

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	2.5	1.3	1.2	50	80	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	124	1.9	1.15	5	2.4	1.7	--

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. Aortic insufficiency noted. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Minor tricuspid insufficiency noted. 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. There are B-lines in the peripheral lung field, non-cardiogenic. Arrhythmogenic activity noted.

Rapid view of the liver revealed no evidence of vascular congestion.

ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease.
- Arrhythmogenic activity.
- B-lines in peripheral lung field.



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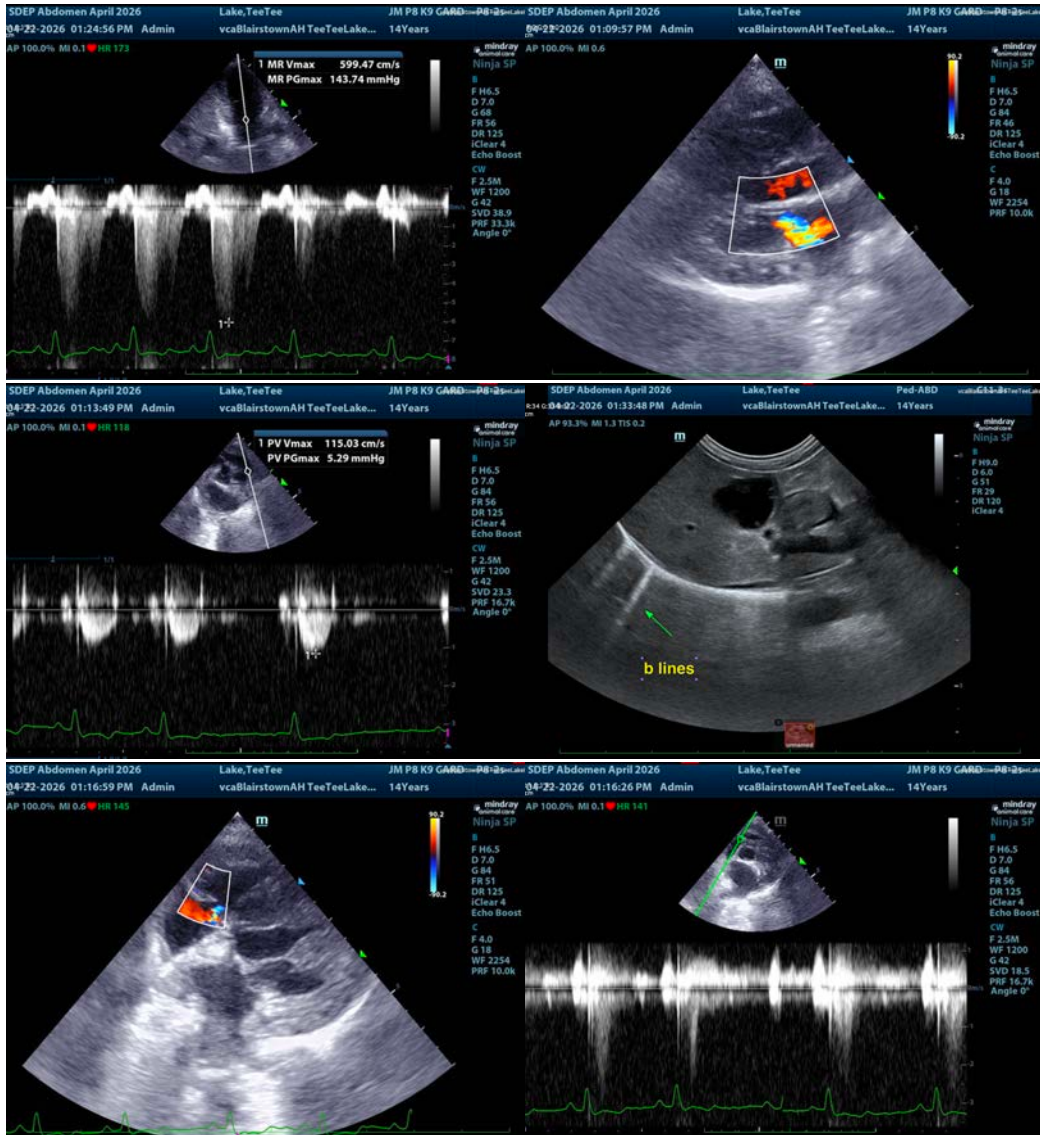
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend EKG or better yet holter monitor to assess for paroxysmal arrhythmia that may be playing a role. Primary respiratory disease should be evaluated. Chest CT may be appropriate.





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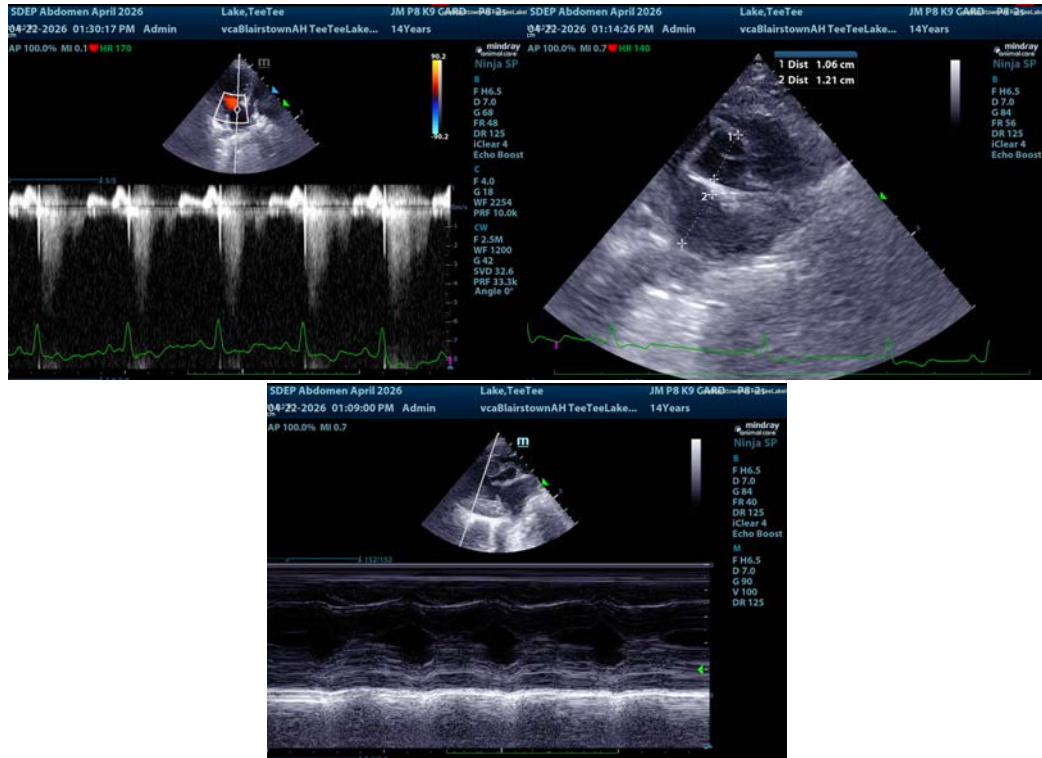
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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