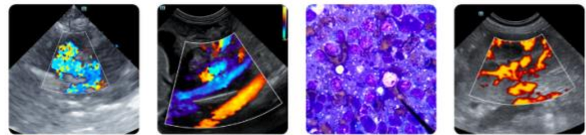


PATIENT

Bailey Fitzpatrick

SPECIES

Canine

BREED

Miniature Goldendoodle

SEX

Spayed Female

AGE

4 Years 6 Months

WEIGHT

27.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenni Tudini MRCVS, SDEP cert. (abd)

HOSPITAL NAME

East Aurora Veterinary Hospital

REFERRING VET

Dr. Megan Dudek

INVOICE

15404

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Presents for labored breathing for a week, not getting worse. Panting, labored breathing with unknown cause. O would also notice heart was pounding, he could see it. E&D normal. Normal activity level. Dog has some coughing with exertion. No s/v/d Feeds: Dr Murrays dry or Nutrena dry. Dog is on Preventatives but nothing else. Based on historical findings and marked elevation in ProBNP level an echocardiogram was advised

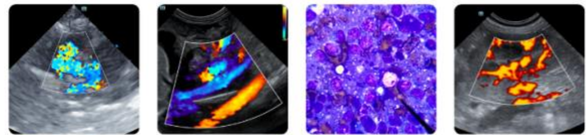
Abnormal PE/Chem/CBC/UA Results: Exam unremarkable, on initial exam (04/18) there was a possible gallop rhythm noted but it wasn't noted today. No cardiac murmur ausc, femoral pulse quality good - CBC: WNL - Biochem: WNL - ProBNP: 2,837 (0-900) - 4Dx: NEG x 4 - Fecal: NEG

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	NM	--	NM	1.4	40	--	0.3
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	NM	1.1	0.9	27.4	2.3	2.4	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. **Mitral valve** insufficiency was noted and appeared centralized. The **left ventricle** presented normal 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. **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). 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.



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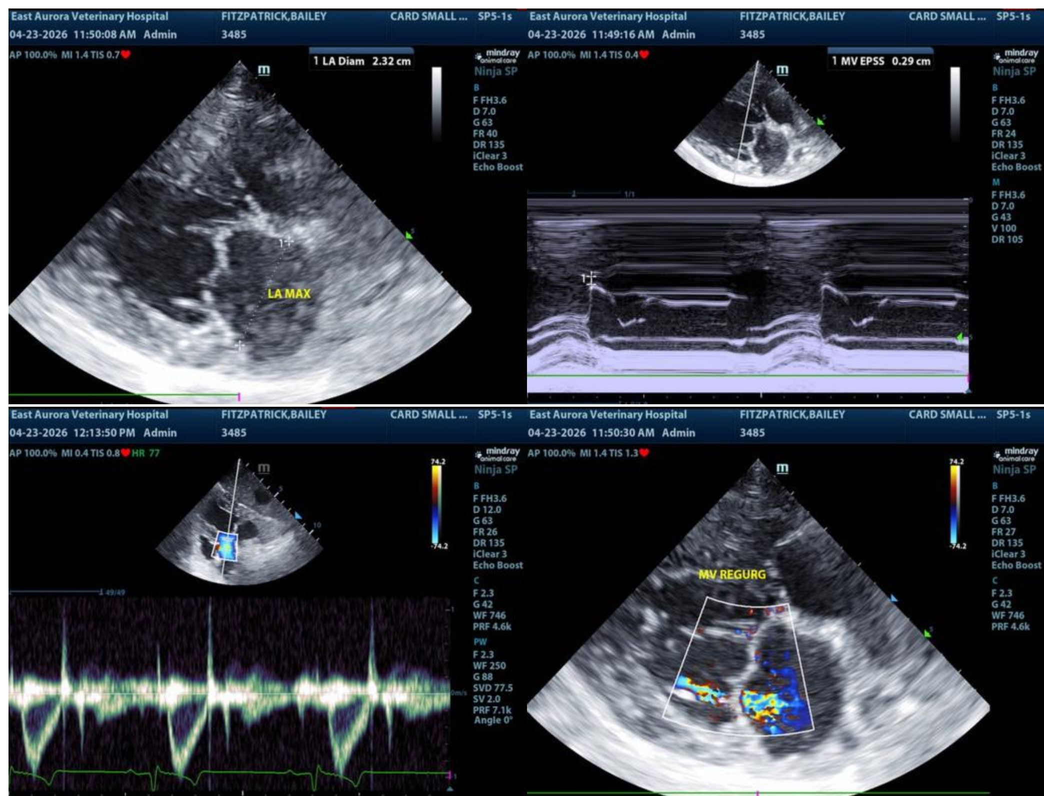
ULTRASONOGRAPHIC FINDINGS

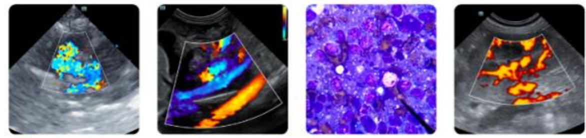
- Minor mitral valve insufficiency.
- Stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of volume or pressure overload. Given the BNP elevation, low-grade clinical causes of myocarditis/endocarditis should be considered. Yet there's no evidence of clinically significant functional disease at this point.

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 6-12 months, earlier if murmur grade increases or clinical signs initiate.





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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