



## PATIENT

Chinook Thompson

## SPECIES

Canine

## BREED

Samoyed

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

78 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kaitlyn Varga

## HOSPITAL NAME

Shuswap Veterinary  
Clinic

## REFERRING VET

Dr. Kaitlyn Varga

## INVOICE

15477

## DATE

04/24/26

## PRESENTING CLINICAL SIGNS

Presented for routine health exam. Eructation and halitosis. Otherwise no concerns at home. VPCs - open dx. Planning to do dental/general anesthesia - routine exam findings

Abnormal PE/Chem/CBC/UA Results: intermittent VPC with pulse deficits. Irregularly irregular arrhythmia - confirmed with ECG. VHS 11.2

## 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	--	--	1.0	1.4	34	63	0.24
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	60	1.1	0.5	78.0	3.15	3.78	

## 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 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. Periodic tachyarrhythmia was present. Heart rate was variable yet one sinus rhythm was present.

## ULTRASONOGRAPHIC FINDINGS



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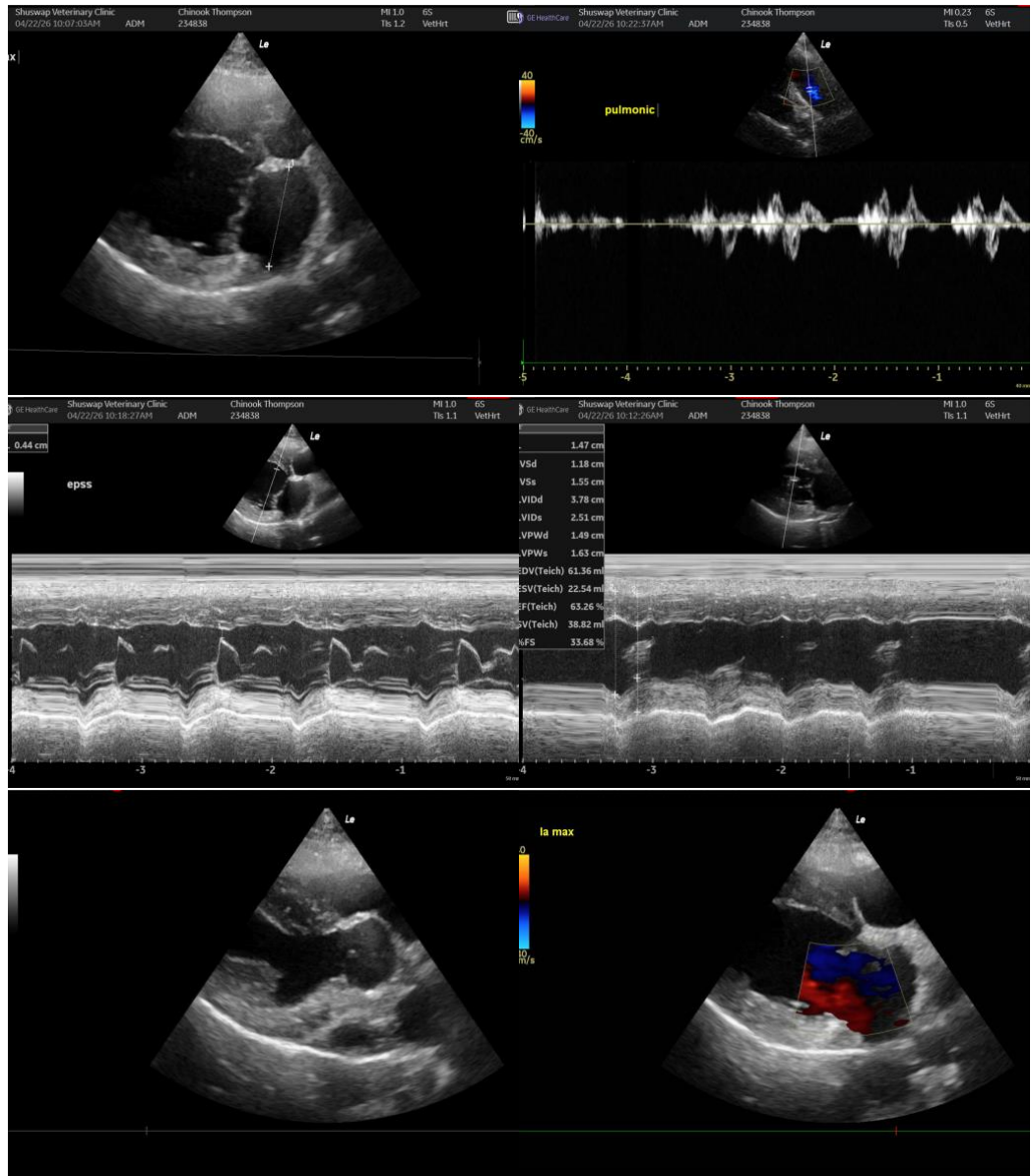
**DATE**

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- Normal echocardiogram with periodic tachyarrhythmia- no evidence of structural/functional disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Arrhythmia control should be the basis of management in this patient. The cause of underlying myocarditis should also be considered. Abdominal sonogram may be appropriate to assess for primary disease that may be influencing the arrhythmogenic activity.



The information and recommendations provided are based on the images presented by the referring



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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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