



PATIENT

Fred Green

PRESENTING CLINICAL SIGNS

R/o pathology in chest and check trachea. Medications: Keppra

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & NECK

BREED

Mix

SEX

Neutered Male

AGE

12 Years 4 Months

WEIGHT

24 lbs

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	5.9	--	1.3	1.3	45	90	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	90	1.26	1.73	24	2.0	2.8	--

INTERPRETED BY

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

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). The accessible pericardiac thorax was unremarkable. No evidence of masses.

IMAGING PERFORMED BY

Chloe Lowe, CVT

Neck

The left thyroid lobe and parathyroids were unremarkable. Largest parathyroid on the left measured 0.33 cm in the mid caudal portion of the gland. Other parathyroids were smaller and normal.

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Dr. Navarro

INVOICE

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The right thyroid lobe was unremarkable and uniform with the largest parathyroid measuring 0.23 cm.



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Carotid artery, trachea, esophagus, and salivary glands were all normal. In the right cervical region in the subcutaneous extratracheal space revealed a 2.1 cm x 1.0 cm hypoechoic structure, presumed to be a salivary gland at an obliqued angle. However, if this is the size of the structure being palpated, then ultrasound guided FNA indicated.

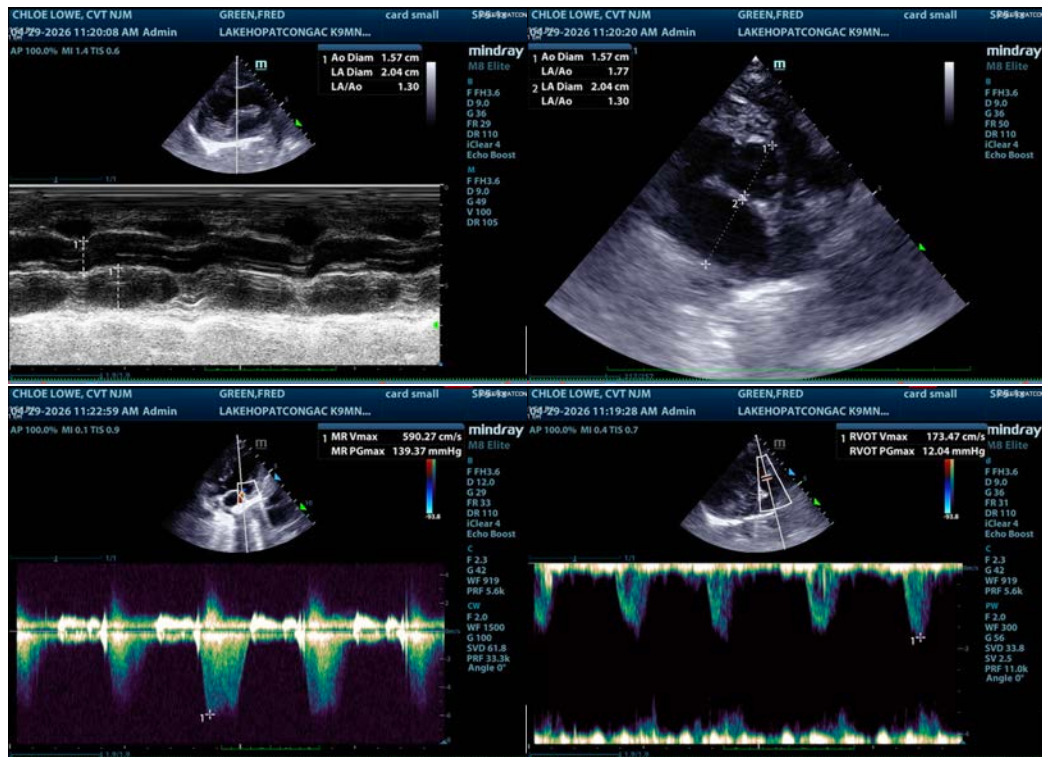
ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease.
- Prominent irregular right retromandibular salivary gland.

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, Isoflor 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.

No evidence of thyroid, parathyroid, esophageal, or tracheal pathology.





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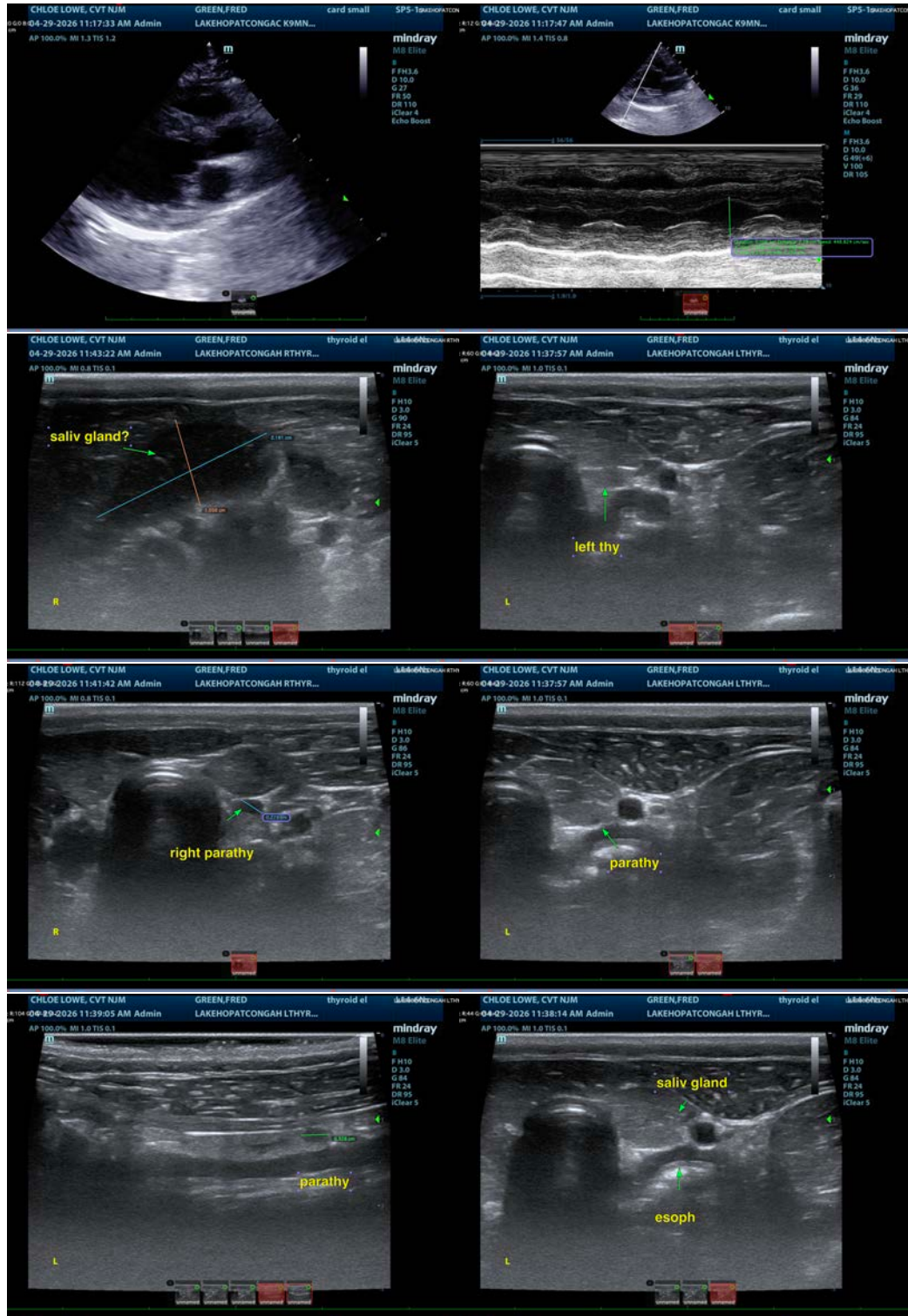
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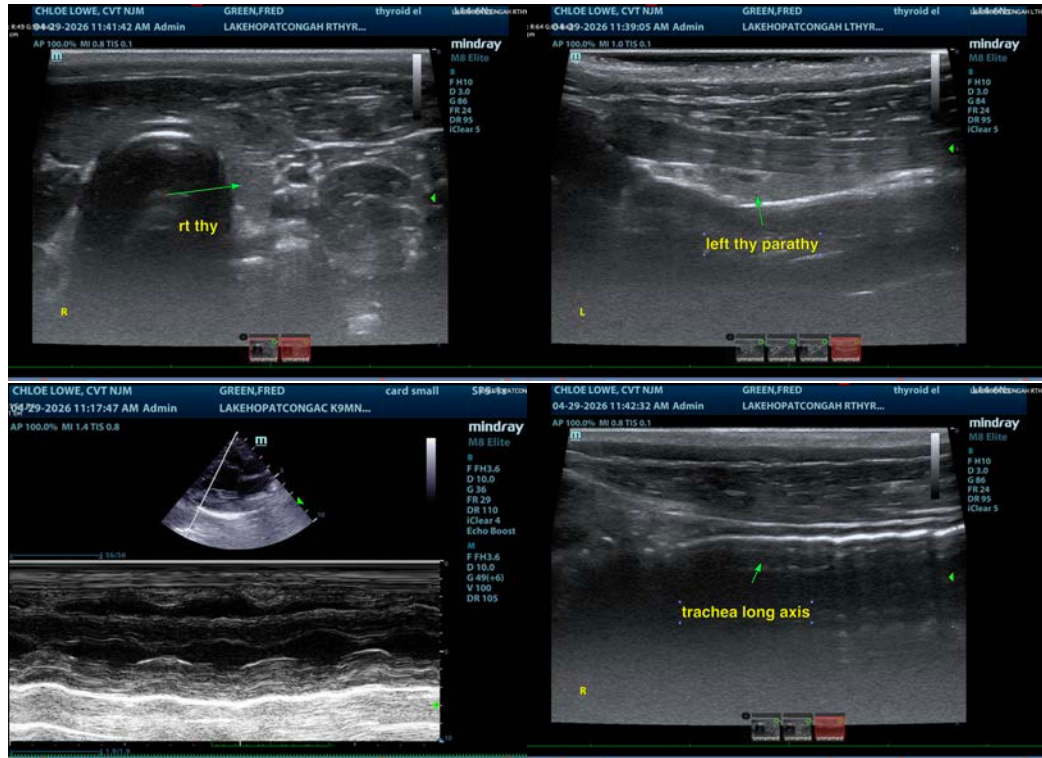
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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