



## PATIENT

Piper Meeks

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

13 ½ years

## WEIGHT

54 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jonathan Moss

## HOSPITAL NAME

Harvest Hills VH

## REFERRING VET

Dr. Moss

## INVOICE

75004

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

History: Pt has history of IBD but had a syncopal episode about 1 year ago. Gums went white, pt recovered and hadn't had another since until about 2 months ago and has had 2 since then.  
Abnormal PE/Chem/CBC/UA Results: Grade 3-4/6 heart murmur. CBC and chem from Jan 26 showed normal CBC and mild increase in ALP-302 and ALT-253. Rads showed no increase in vertebral heart score or in the VLAS

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 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 bradyarrhythmia was noted in this patient. There is concern for potential paroxysmal arrhythmia that may be playing a role in the syncope.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	1.0	1.4	50	90	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	NM	NM	54 lbs	3.8	3.1	



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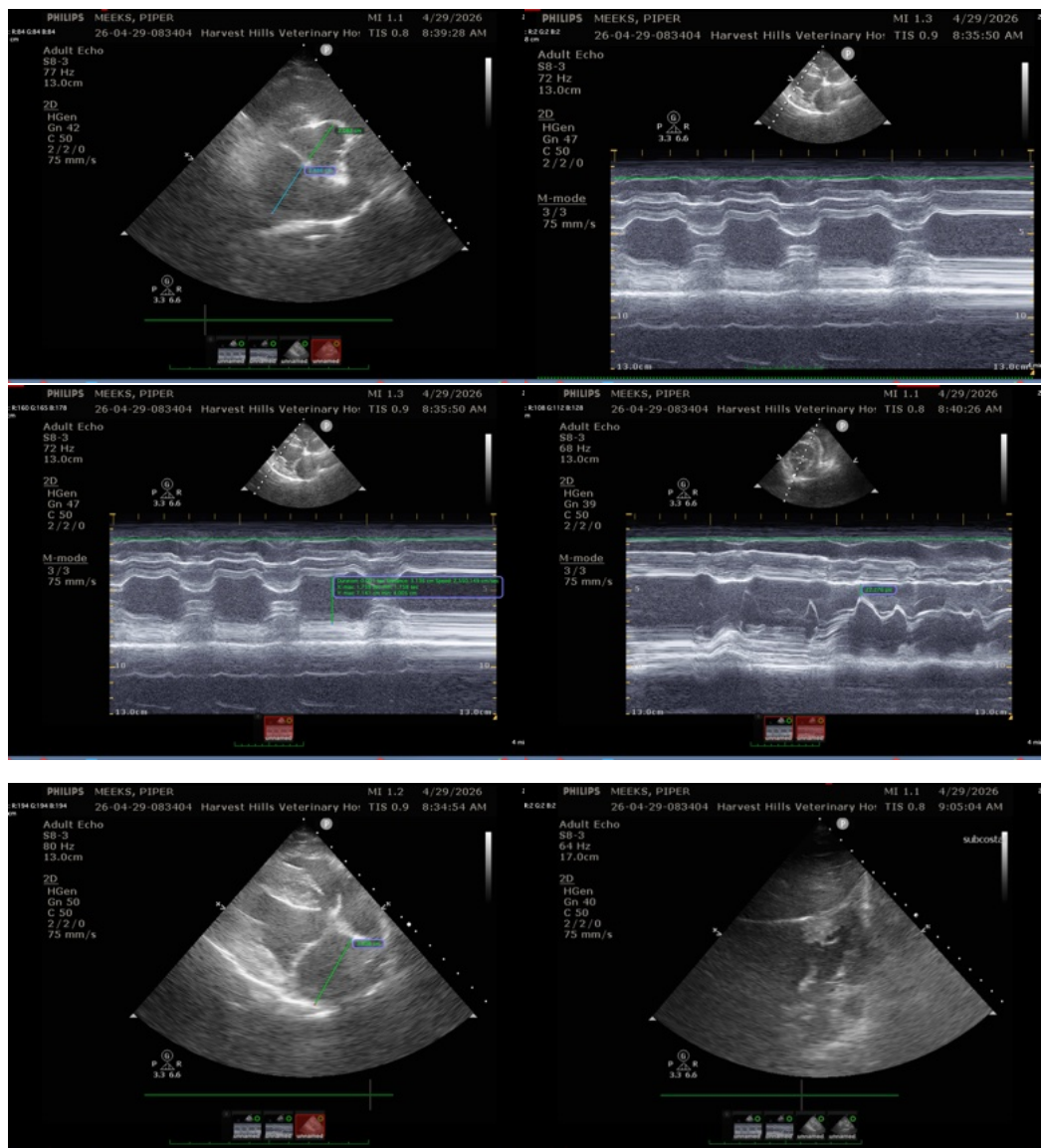
4/29/26

## ULTRASONOGRAPHIC FINDINGS

Structurally and functionally normal echocardiogram.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal sonogram is recommended to ensure that abdominal disease not an issue playing a role. The cause of the murmur is unclear, but it is not hemodynamically significant. This is suspicious of mitral disease. Serial blood pressure measurements are warranted as well as Holter monitor. There was no evidence of volume overload or pressure overload. Holter monitors can be obtained from our office.





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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 of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)