



**PATIENT**

Trigger Sember

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered

**AGE**

9 Months

**WEIGHT**

54 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Harmony Animal  
Hospital

**REFERRING VET**

Dr. Eppler

**INVOICE**

74848

**DATE**

4/30/26

**PRESENTING CLINICAL SIGNS**

BCS 3/9. Syncope. Had recent gastrotomy, developed hematochezia, needed blood transfusion, discharged w Metronidazole 250mg bid, Gabapentin 300mg tid; Trazodone 100mg bid-went home had syncopal event. No murmur, ECG normal, baseline cortisol 1.7; PCV 28%; TS 6

**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	--	1.58	1.13	1.1	20	40	0.5
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	2.1	1.0	54	3.25	3.8	--

E-wave velocity = 0.7

**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 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** was mildly subnormal yet may be a normal variant. 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** insufficiency noted. 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.

**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram with slight subnormal contractility, not clinically significant.
- Tricuspid insufficiency.



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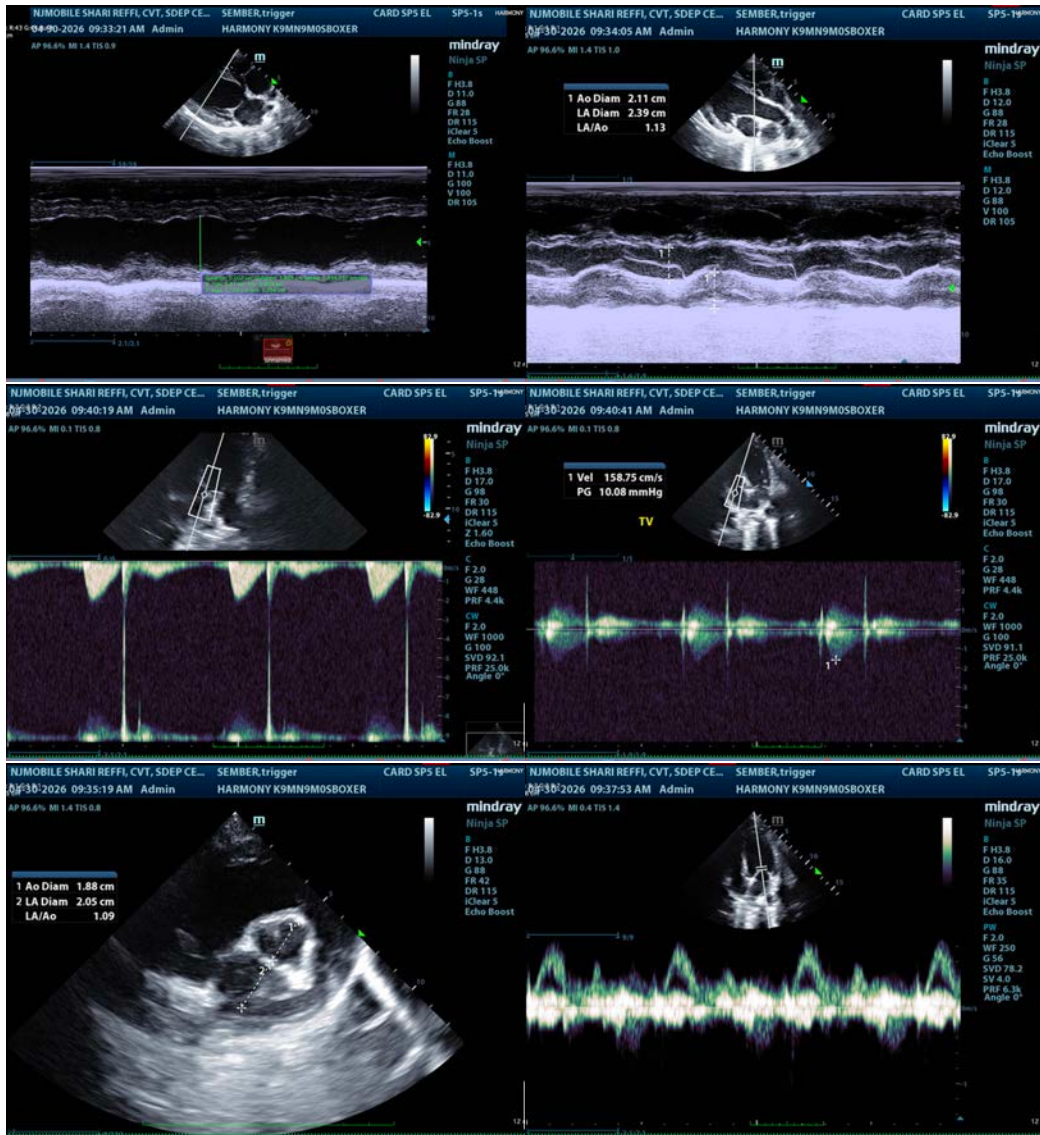
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural or functional disease. Assessment for systemic disease warranted. I cannot rule out a paroxysmal arrhythmia. Holter monitor would be necessary to assess that potential. Holter monitor may be obtained from SonoPath's office with cardiologist review. Abdominal sonogram may be appropriate to assess for pathology related to the clinical signs.





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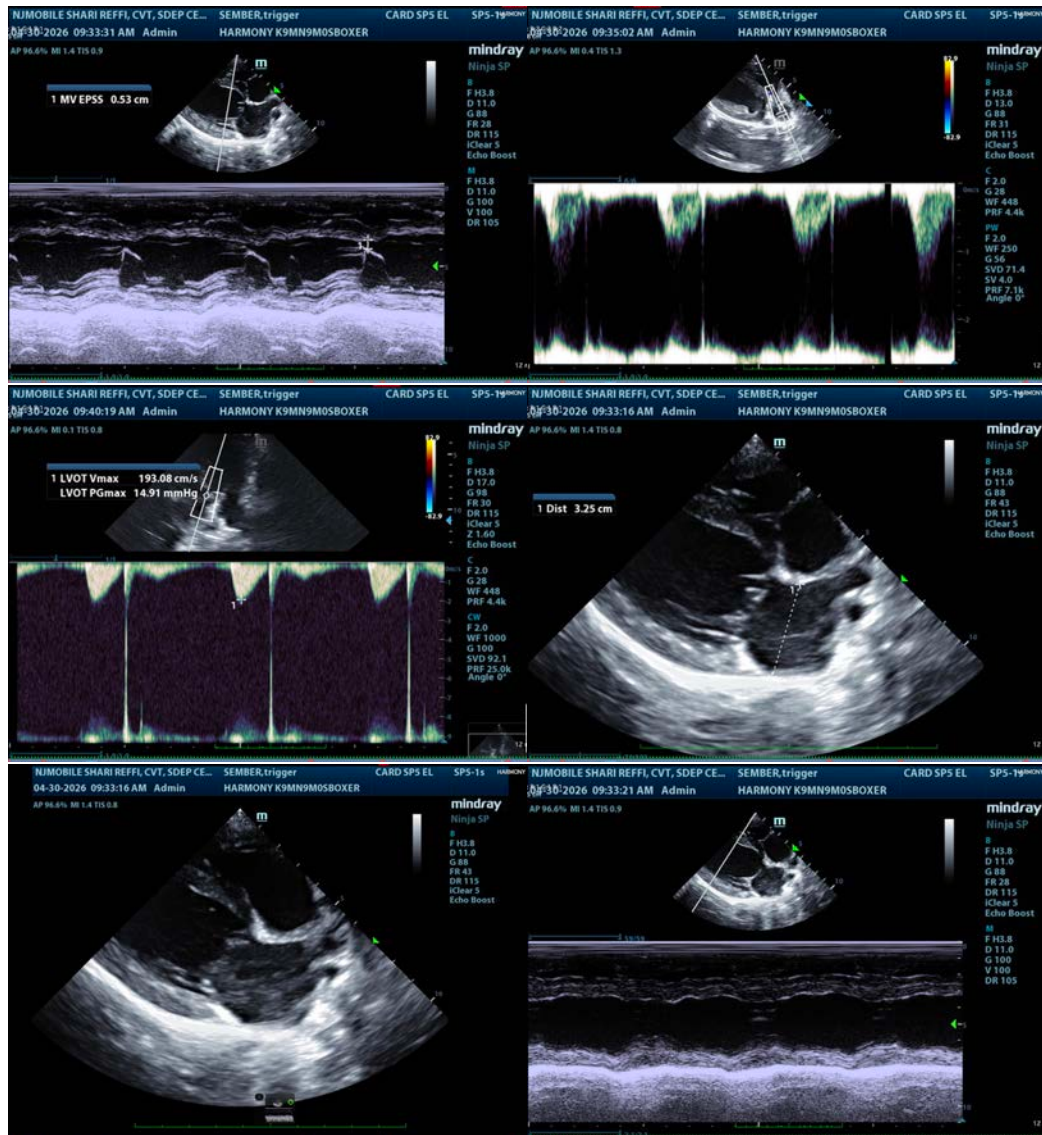
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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