



PATIENT

Merlin McKay

SPECIES

Canine

BREED

Great Dane

SEX

Neutered male

AGE

10 years

WEIGHT

170 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Stiefvater

INVOICE

74361

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: History of hypertension and osteoarthritis. Presented on 4/8/26 for initial exam - Patient had a recent episode that occurred 4/7. During the episode, Merlin became quiet and still, with associated shaking and rapid breathing, which appeared painful to the owner. This behavior seems more likely to be post-exertional pain rather than a cardiac event, but owner is concerned about his heart. He is intolerant to heat. A history of heart arrhythmia and V-tach was detected about two years ago, leading to a cardiology referral, an echocardiogram, and subsequent blood pressure monitoring at a specialist (CVRC). A recent blood pressure check and CBC from a specialist recommended a new echocardiogram due to concerns about an arrhythmia. History of systemic hypertension is reportedly well-controlled with medication. Previous cardiac arrhythmia and V-tach with a potential recurrence. Cardiac disease is a less likely differential at this time, but further diagnostics are warranted. Awaiting recent lab results

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. **Mitral** valve insufficiency was noted and was centralized. Mild volume overload of the **left ventricle** was noted with hypocontractility. Mild **myocardial** insufficiency was noted. 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.

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	-	-	1.3	1.0	NM	NM	0.1
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	130	NM	1.3	170 lbs	4.6	7.0	

ULTRASONOGRAPHIC FINDINGS



PATIENT

Minor centralized mitral insufficiency.

Merlin McKay

Hypocontractility.

SPECIES

Mild myocardial insufficiency of unknown cause.

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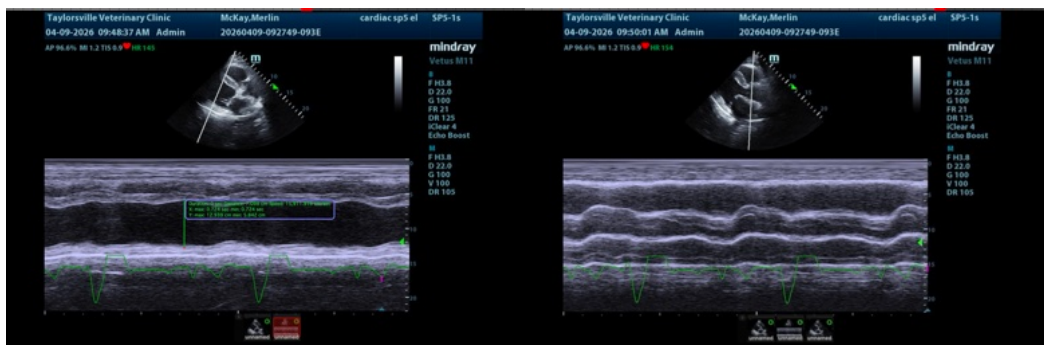
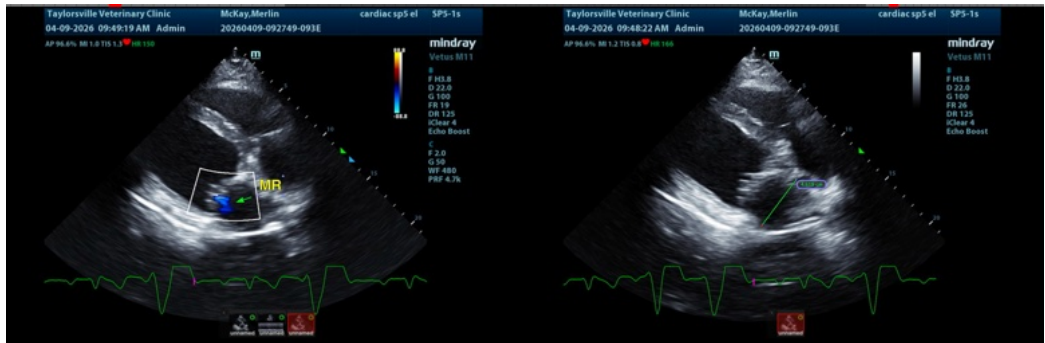
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient does not have complete criteria for DCM; however, I cannot rule out if it is emerging. Thyroid assessment is warranted as well as screening for Addison's versus systemic disease that may be playing a role in cardiac hypocontractility. Nutritional assessment for taurine deficiency should also be considered. Abdominal sonogram is recommended to assess for comorbidities. There is no necessity for cardiac therapy in this patient at this point. However, recheck echocardiogram is recommended in 6-8 weeks to assess for progression.





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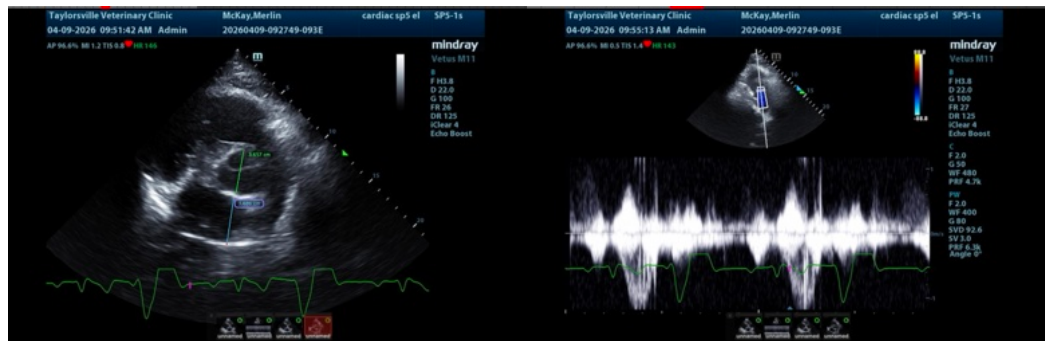
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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