



PATIENT

Lyle McCargo

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

73 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Annette Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Maro

INVOICE

77601

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: P is tentatively scheduled for possible sx 05/19/26 to remove a dermal growth on T10-12 Lt paraspinal prev diagnosed as a keratin cyst. O states P is active & has no clinical symptoms relating to abnormalities found. P has been dx with Glaucoma. Under care for Anaplasma, Mycotoxin toxicity, and bilateral Glaucoma. P takes Benazepril 10mg tablets 1/2 tab SID.

Abnormal PE/Chem/CBC/UA Results: Pre-anesthetic EKG came back abnormal. Shows 1st degree AV block with ventricular ectopic beats. P underwent an echocardiogram and 3-view chest x-rays 05/15/26. EKG report recommendations: Without further workup, recommend avoiding alpha-2 agonists, ketamine, or Telazol in the anesthetic protocol. Consider premedication with an opioid/benzodiazepine and induction with propofol, etomidate, or alfaxalone (preferred, if available). During anesthesia, lidocaine should be readily available. Pre-anesthetic bloodwork has not come back yet. Recommendations for anesthetic protocol requested.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Mild, centralized **mitral** valve insufficiency was noted. The **left ventricle** presented minor over distension. EPSS was borderline excessive. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** was mildly subnormal. 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. Moderate **tricuspid** insufficiency was noted and was centralized. 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 | | 2.0 | NM | 1.34 | 26 | 51 | 0.78 |
| 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 | 82 | 1.76 | 0.6 | 73 lbs | 3.9 | 5.24 | |

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency, mild.

Volume overload of the left ventricle.

Normal left atrium.



PATIENT

Lyle McCargo

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

73 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Annette Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Maro

INVOICE

77601

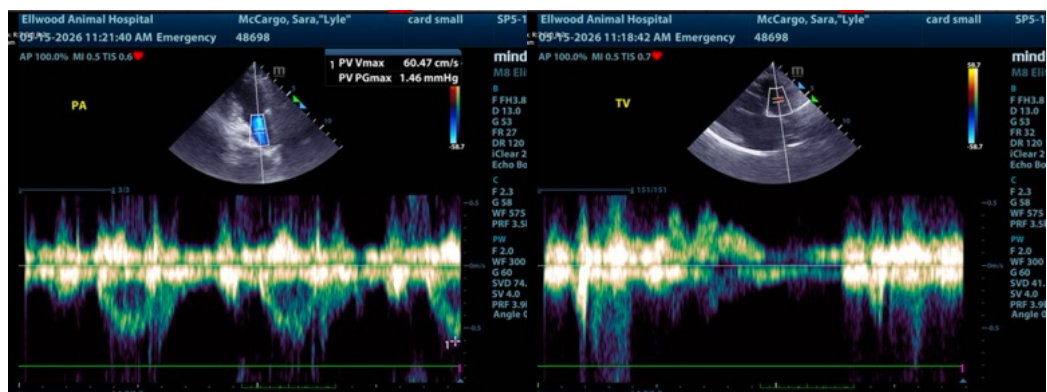
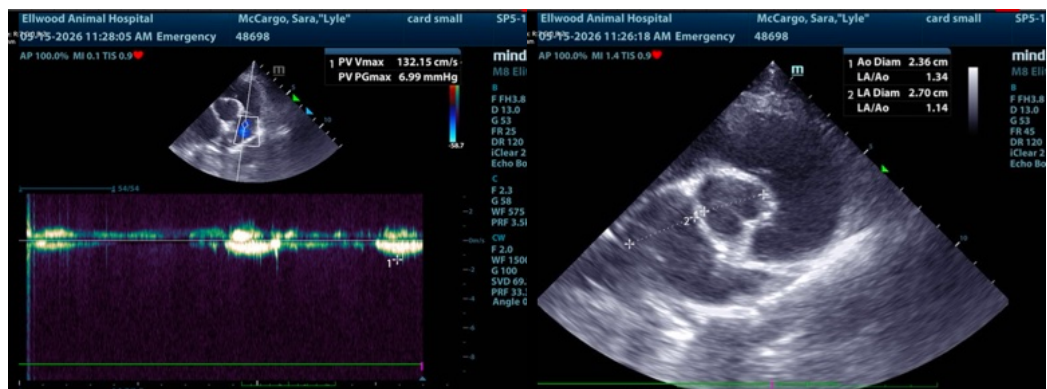
DATE

5/15/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is potentially an emerging or pre-clinical DCM type presentation. However, other causes such as hypothyroidism, Addison's disease and nutritional cardiomyopathy should all be considered. Some of the cardiac function may be depressed owing to the arrhythmogenic activity. I recommend further reassessment of blood pressure, thyroid and baseline cortisol to rule out systemic disease that may be affecting the heart as well as taurine levels. It is debatable on whether Pimobendan would be justified in this patient. I feel that anesthetic risk is minor. However, EKG and pulse oximetry are essential during the procedure. I recommend minimal anesthetic time in this patient. Recheck echocardiogram is recommended in 2-3 months if stable and earlier if clinical signs develop. Holter monitor may be optimal in this patient and can be obtained from our office.

Torbutrol premed, Propofol induction and Isoflurane maintenance or similar anesthetic protocol is recommended. Pre-clinical DCM may be another underlying issue. Other underlying issues that should be considered include, tick borne disease panel and Bartonella as well as regional infectious agents that may be causing low-grade myocarditis.





PATIENT

Lyle McCargo

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

73 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Annette Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

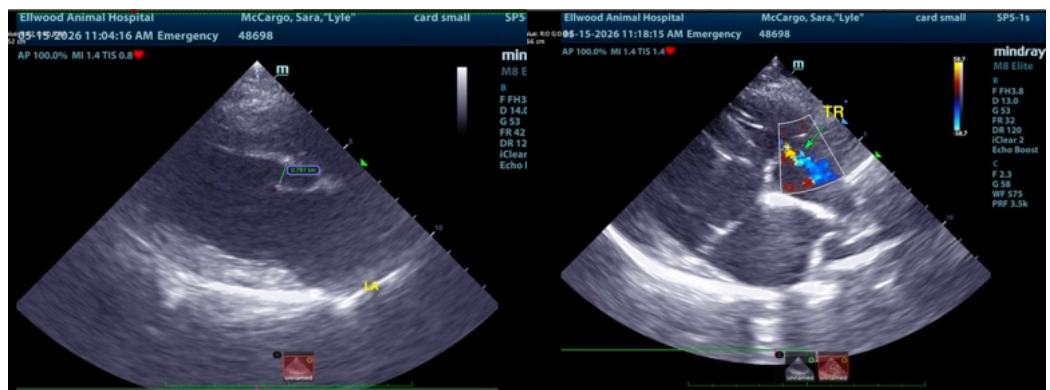
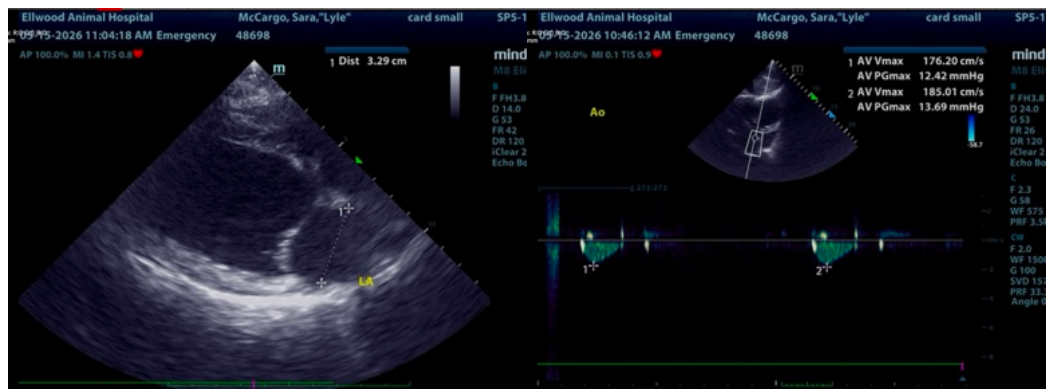
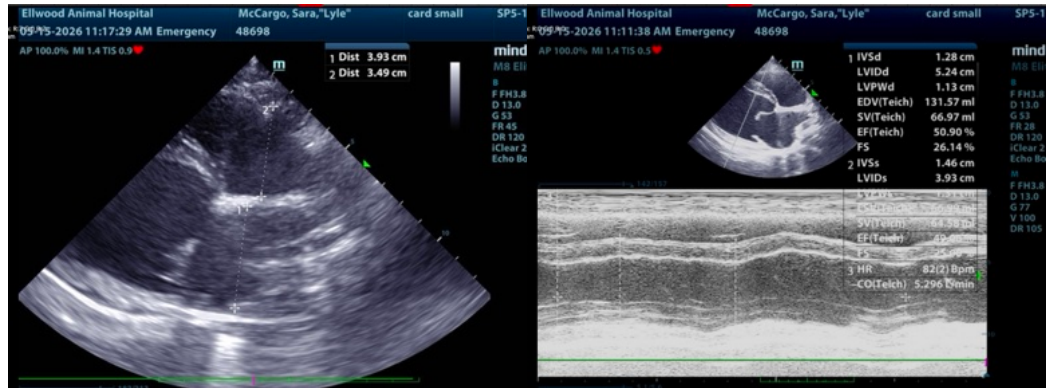
Dr. Maro

INVOICE

77601

DATE

5/15/26





PATIENT

Lyle McCargo

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

73 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Annette Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

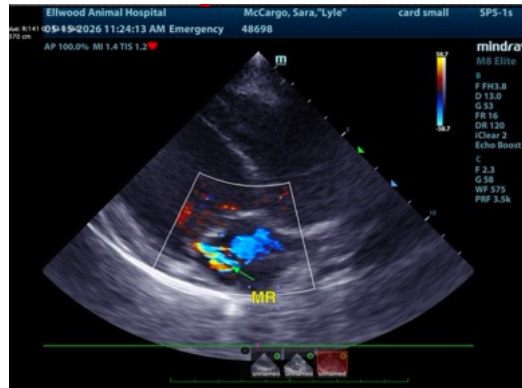
Dr. Maro

INVOICE

77601

DATE

5/15/26



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