

## PATIENT

Penelope Radford

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed Female

## AGE

10 Years 5 Months

## WEIGHT

45 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Joless Stegemoller,  
DVM

## HOSPITAL NAME

North Idaho Animal  
Hospital (VCA)

## REFERRING VET

Alex Glasgow, DVM

## INVOICE

16290

## DATE

05/15/26

## PRESENTING CLINICAL SIGNS

Pt presented for COHAT on 5/15/26 and a parasternal L sided systolic murmur and arrhythmia (dropped beats) were appreciated on pre-anesthetic exam. No cardiovascular symptoms appreciated at home per O. Pt is potentially cushingoid.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

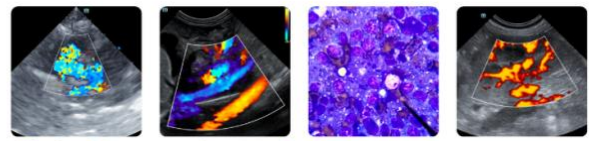
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	1.0	1.5	--	--	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 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	NM	1.6	1.0	45	3.9	3.7	--

## 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 normal 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. No arrhythmogenic activity was noted during the exam.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable heart.



## PATIENT

Penelope Radford

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed Female

## AGE

10 Years 5 Months

## WEIGHT

45 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Joles Stegemoller,  
DVM

## HOSPITAL NAME

North Idaho Animal  
Hospital (VCA)

## REFERRING VET

Alex Glasgow, DVM

## INVOICE

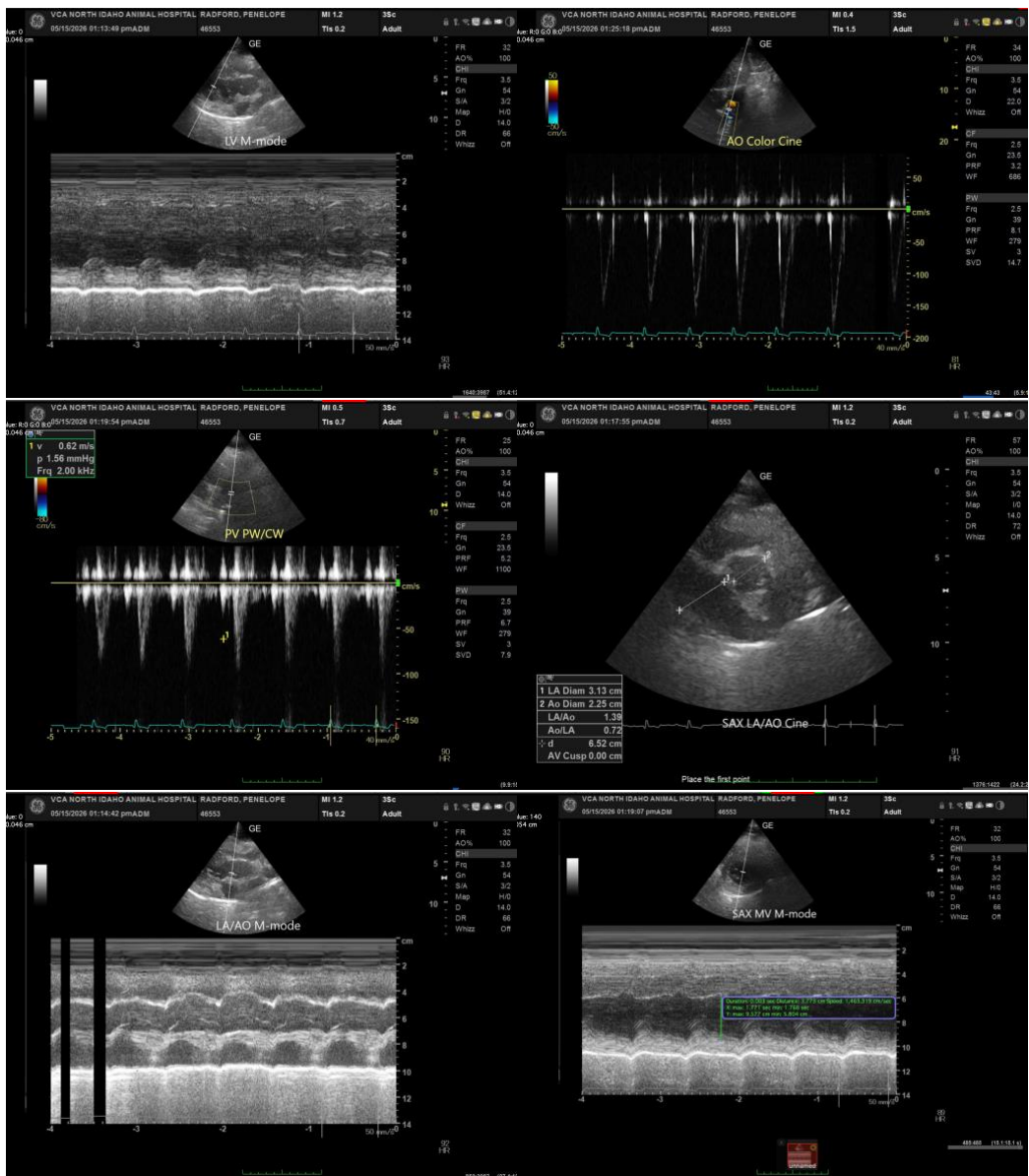
16290

## DATE

05/15/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of hemodynamically significant disease. Color flow assessment did not reveal any definitive turbulence. A Holter monitor would be indicated given the patient's history. Based on the echocardiogram, no contraindication to anesthetic procedure. However, this assessment would be mainly based ideally upon a Holter monitor. It may be obtained from our office with cardiologist review.





## PATIENT

Penelope Radford

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed Female

## AGE

10 Years 5 Months

## WEIGHT

45 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Joless Stegemoller,  
DVM

## HOSPITAL NAME

North Idaho Animal  
Hospital (VCA)

## REFERRING VET

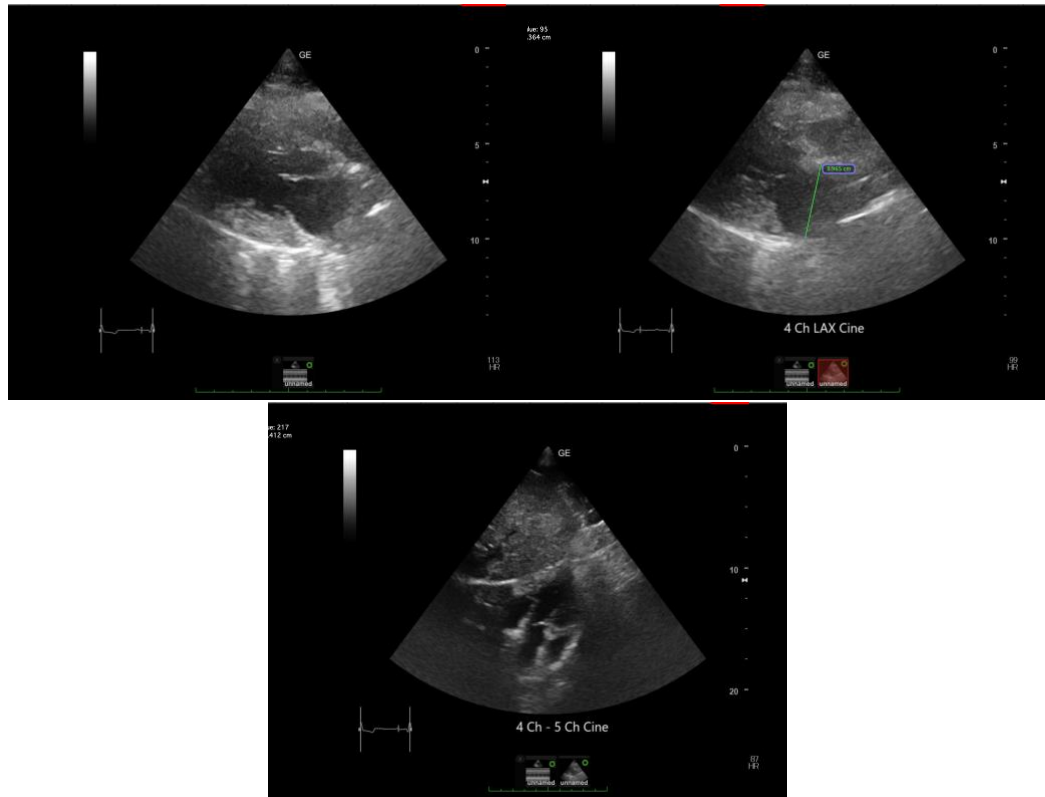
Alex Glasgow, DVM

## INVOICE

16290

## DATE

05/15/26



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, Owner, Founder -- SonoPath.com

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