



PATIENT

Leo Harvey

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered male

AGE

11 years

WEIGHT

19.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Karen Ebersole DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McGarvey

INVOICE

75169

DATE

5/4/26

PRESENTING CLINICAL SIGNS

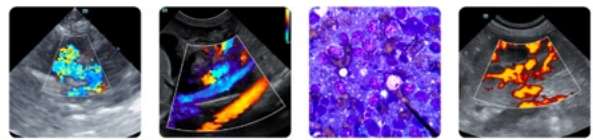
History of coughing, getting worse. The client was previously using a nebulizer which seemed to help but is no longer effective. A previous veterinarian suggested the possibility of tracheal collapse. The patient was previously on steroids which seemed to help, and the cough returned after the medication was discontinued

4/22/26 - Started a second Prednisone course, 7.5mg 7d taper. Just finished. Not much improvement. PE: no audible murmur, frequent coughing. CXR (attached) - Bronchial pattern. Possible tracheal elevation on the R lateral.

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 slightly enlarged, yet not clinically significant potentially owing to pulmonary disease. Pulmonary arteries are subjectively enlarged. Insignificant **pulmonic insufficiency** was noted. 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	-	-	1.0	1.3	37	69	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	-	1.24	1.04	19.4 lbs	2.4	2.68	



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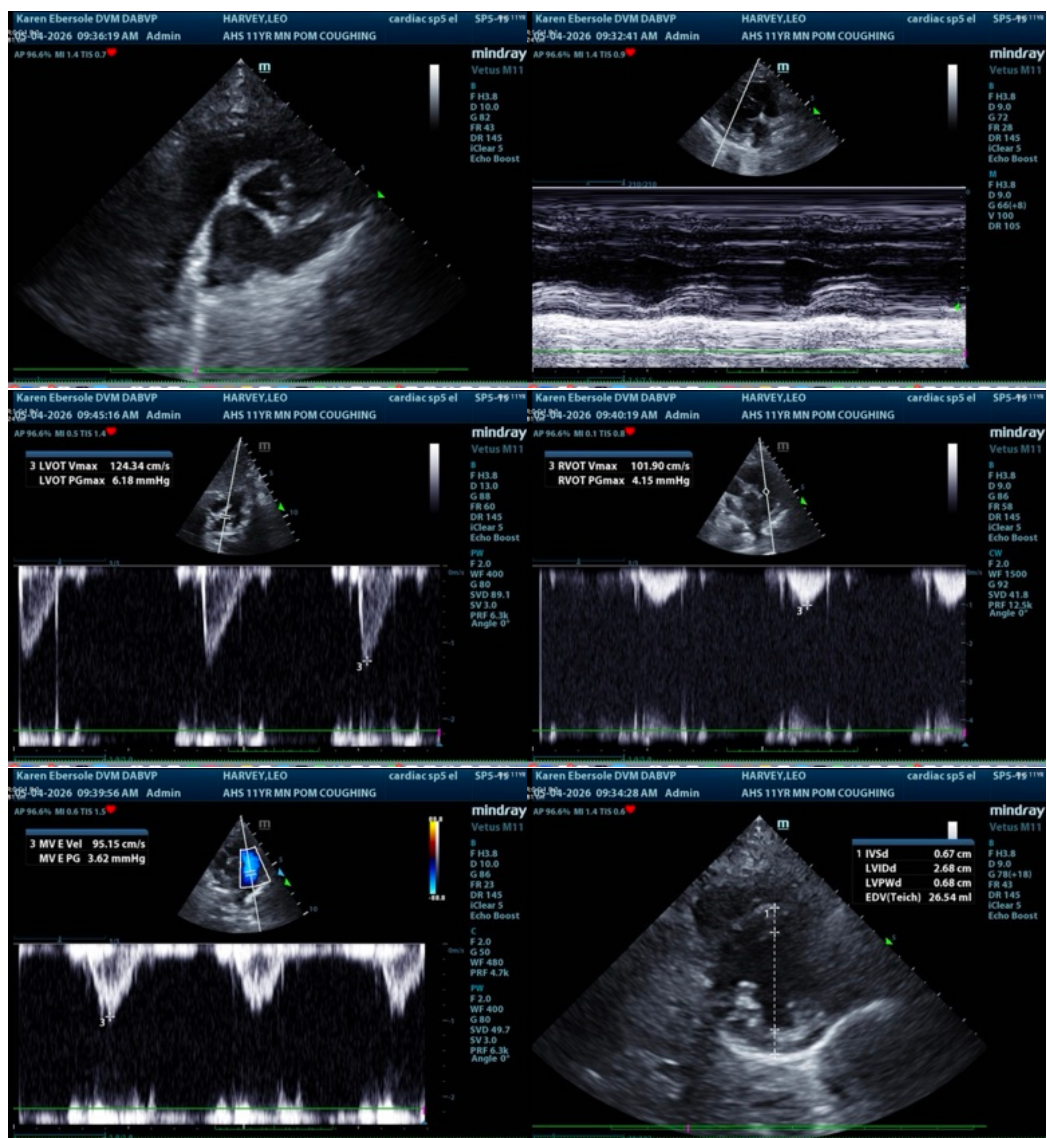
ULTRASONOGRAPHIC FINDINGS

Insignificant pulmonic insufficiency.

Essentially normal echocardiogram with minor cor pulmonale presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of cardiac neoplasia noted in the heart base or right auricle.





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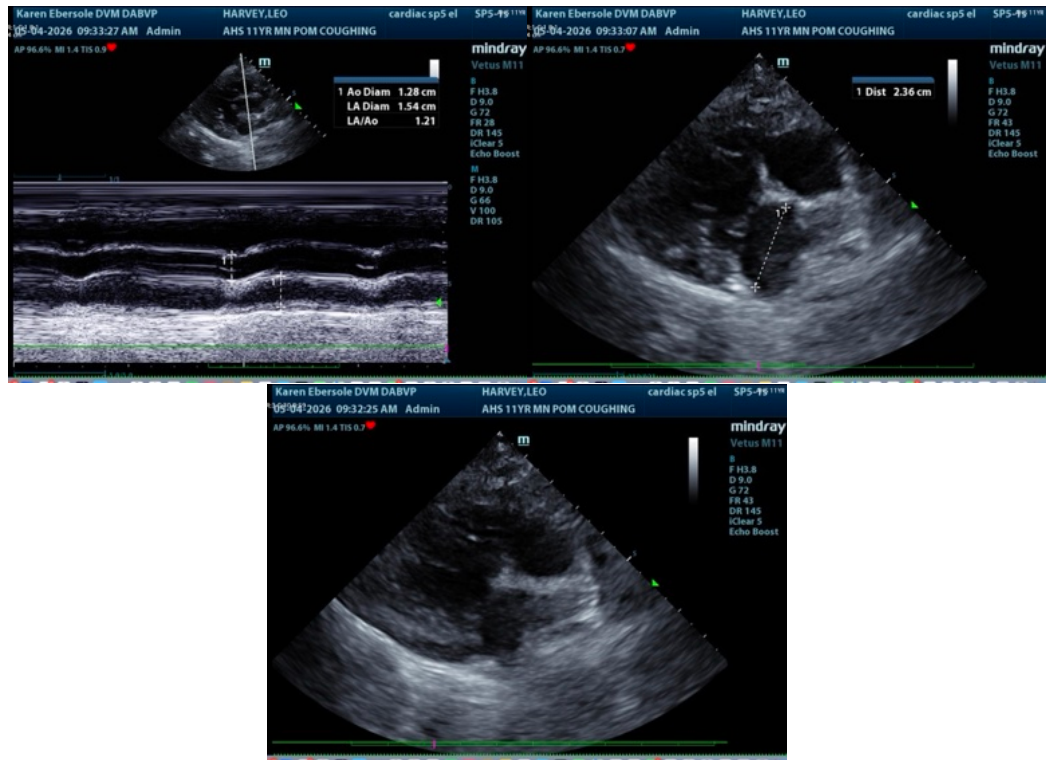
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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