



PATIENT

Piper Pinkston

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

8 years

WEIGHT

67.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Holly, LVT

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Rupley

INVOICE

78303

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Piper has a history of likely minor form of tricuspid dysplasia, not clinically significant the time of last echocardiogram 10/13/2020. A grade I/VI systolic murmur was ausculted today.

History of following on echo performed 10/13/2020

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical disease. It is unlikely that this patient will have any clinical disease owing to the tricuspid structural issues, as changes appear to be minor. -Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

History of following on echo performed 10/24/2018

ULTRASONOGRAPHIC FINDINGS

Minor right atrial enlargement

Thickened tricuspid valv

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant progression from prior sonogram. Minor form of tricuspid dysplasia is possible, yet not clinically significant at this time. -Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com]

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. Minor **tricuspid** insufficiency was noted. The tricuspid valve was persistently elongated, yet minimal right atrial enlargement was noted. This is not a clinical issue. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Trivial **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.



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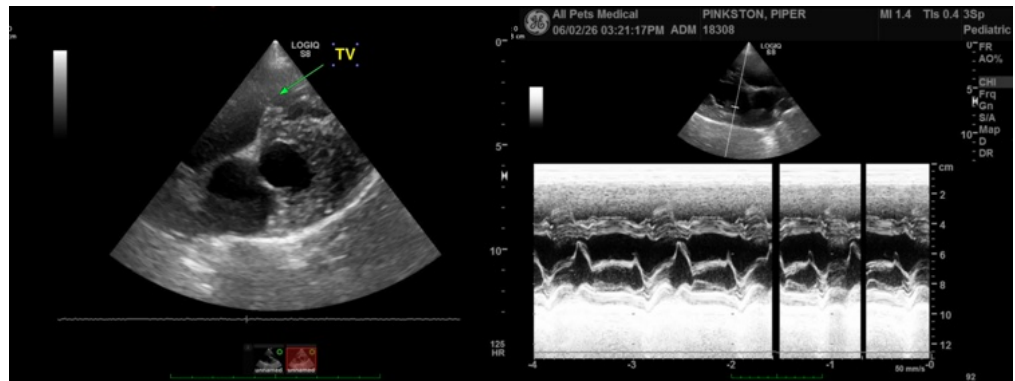
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	-	-	NM	1.5	30	NM	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	LVIDd 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	80	1.8	0.7	67.5 lbs	4.3	3.8	

ULTRASONOGRAPHIC FINDINGS

Minor form of tricuspid dysplasia is likely, yet clinically insignificant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no necessity for a recheck echocardiogram unless clinical signs are evident, yet the changes are unlikely to cause a clinical issue in this patient. Full Doppler assessment of the tricuspid valve would be recommended for completeness. However, there was no evidence of significant volume overload other than slightly prominent right atrium.





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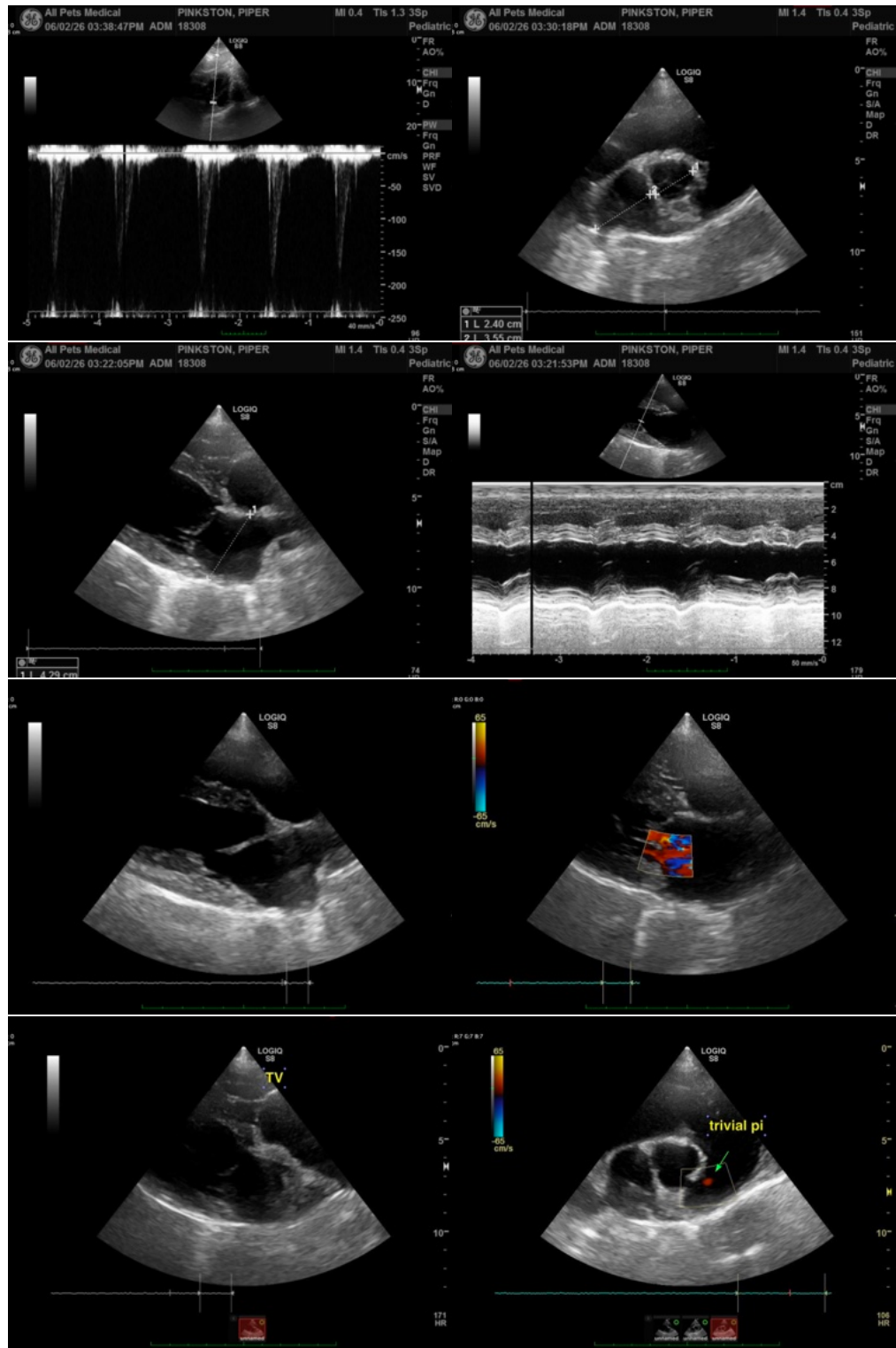
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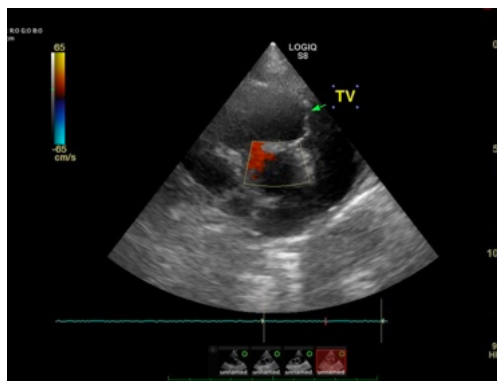
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com