



PATIENT

Toast Payne

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed female

AGE

5 years

WEIGHT

50.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

78416

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Presented as a new patient 4/2026 for PE/Vaccines with no concerns and 4Dx ran at that time.

Heartworm (+), Anaplasma (+), Lyme (+), Hookworm (+), Mircofilaria + , which confirms active heartworm infection. More on TX protocol below.

CBC -RBC NSF, WBC NSF, PLT NSF, BG NSF, Kidneys = NSF, Lytes NSF, proteins selective hyperglobulinemia -- most probably relating to multiple infections (tickborne and HW)

-LES NSF

UA shows appropriately concentrated urine w/ no significant protein leakage. No significant urinary abnormalities noted.

Fecal/Giardia = HOOK POSITIVE

T4 WNL

4dx persistent positive for HW antigen along w/ lyme and anaplasma. Lyme antibodies are consistent w/ active infection, so we need a 1m doxy course to treat

Abnormal PE/Chem/CBC/UA Results: BAR. Abdomen palpates normally; no pain, tenderness or masses on palpation. Regular rhythm; no murmur detected -- no obvious HM. **KNOWN HEARTWORM POSITIVE.** Lungs auscultate clear bilaterally; trachea clear. Ventral abdominal skin flaps along mammary chain are present and mild to moderate; yeasty odor Following Heartworm Treatment as recommended by the American Heartworm Association guidelines

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. Trivial **tricuspid** insufficiency was noted. The **right ventricular** outflow tract was visualized obliquely. I do not visualize nor suspect any evidence of macroscopic heartworm. **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.



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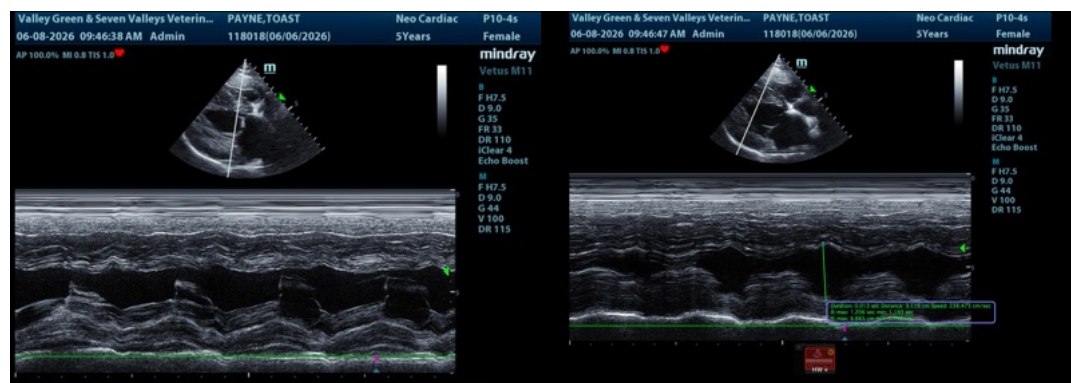
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	1.0	NM	40	70	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	LVIDd 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	90	NM	0.7	50.2 lbs	1.3	3.1	

ULTRASONOGRAPHIC FINDINGS

Largely normal echocardiogram. Cannot rule out deep pulmonary artery pathology, yet not suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the deep pulmonary artery, the pulmonic valve and main and auxiliary branch of the pulmonary artery would be indicated if the patient is suspected to have heartworm, yet there are no secondary changes in the heart that would suggest this.





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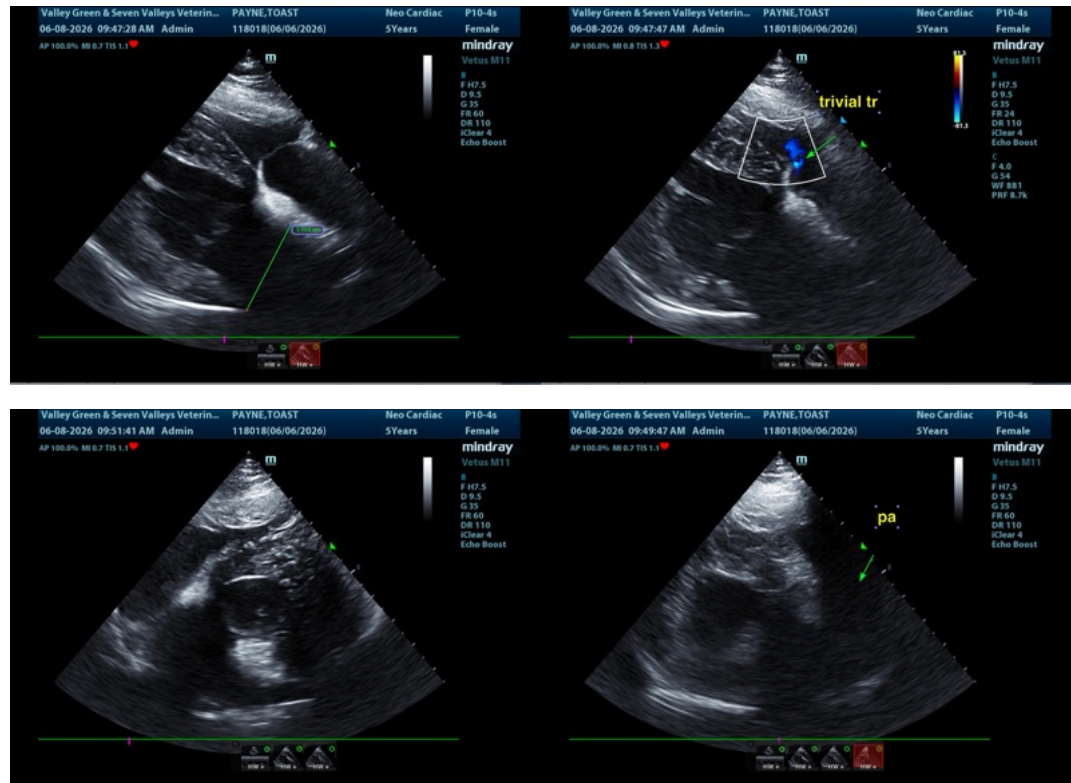
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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