

PATIENT

Pablo Lind

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

13 years

WEIGHT

11.1 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of SonoPath.com

IMAGING PERFORMED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
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HOSPITAL NAME

Greenwood Lake AH

REFERRING VET

Dr. Louer

INVOICE

68550

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History of chronic cough. The patient has a grade IV/VI heart murmur. PU/PD for months.

CBC mono 935

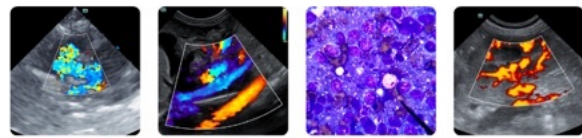
Chem BUN 65, creatinine 4.5, SDMA 16

T41.9

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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** was slightly enlarged. **Tricuspid** insufficiency was moderate. This is consistent with very early pulmonary hypertension. The **right ventricle** revealed mild volume overload with eccentric hypertrophy. **Pulmonary** outflow revealed a prominent pulmonary artery with mild insufficiency. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. The hepatic veins were not dilated in this patient.

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	5.5	2.9	1.2	1.1	44	77	NM
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		1.0	0.7	11.1 lbs	3.0	2.2	



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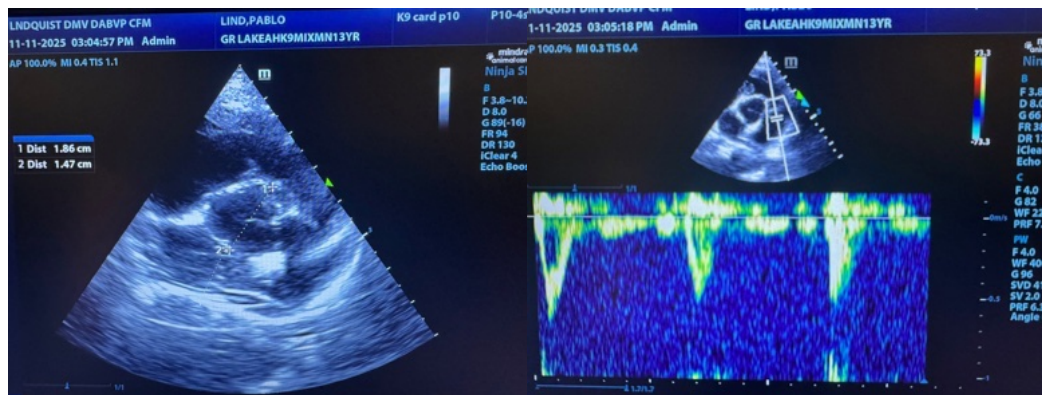
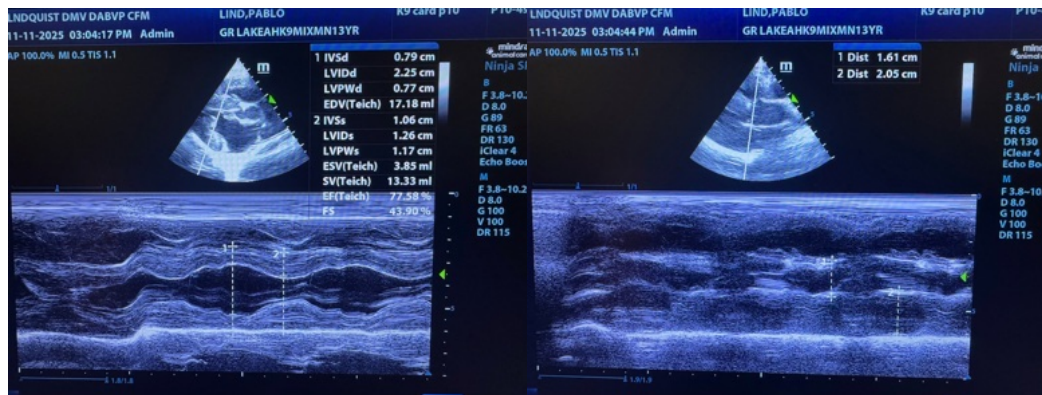
ULTRASONOGRAPHIC FINDINGS

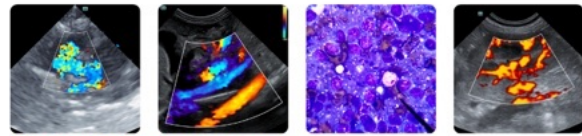
- Mitral and tricuspid insufficiency with prominent right heart.
-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the hepatic veins were not dilated and tricuspid insufficiency velocities are barely in the early range of pulmonary hypertension I do not recommend any specific therapy in this patient. Recheck echocardiogram is recommended in 6 months. Blood pressure measurements are indicated. There is mild anesthetic risk owing to valvular disease. I recommend short duration procedure if anesthesia is necessary. Torbutrol premed, Propofol induction and Isoflurane maintenance is recommended with careful monitoring of pulse oximetry values.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.





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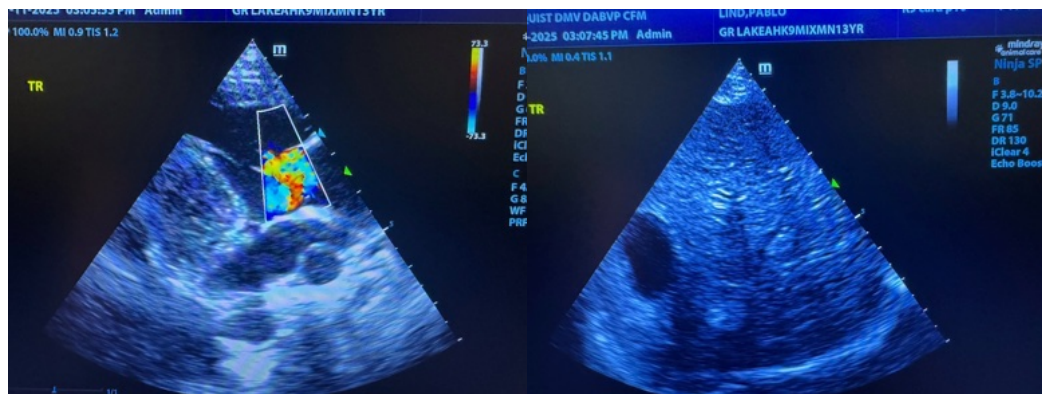
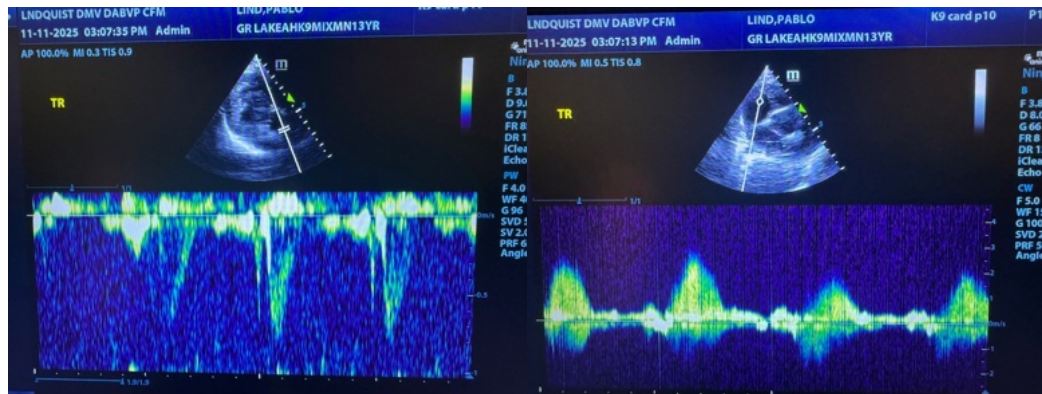
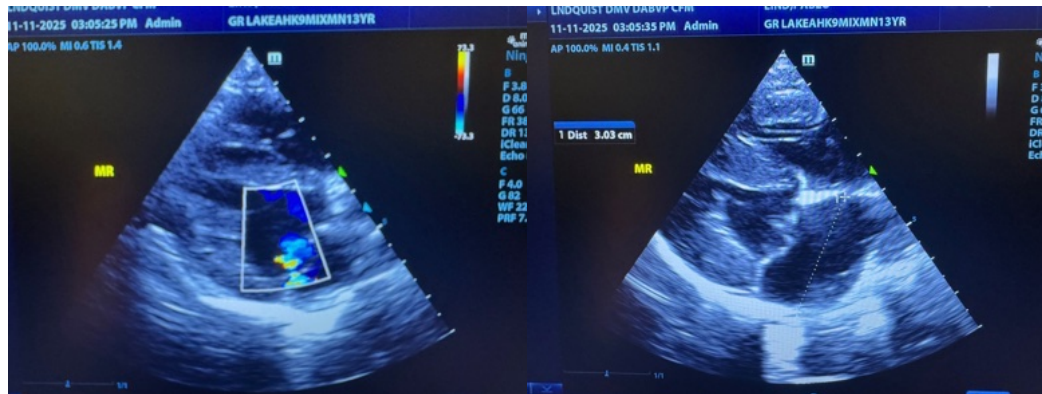
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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