



PATIENT

Frankie Angel

SPECIES

Canine

BREED

Pug

SEX

Intact male

AGE

9 years

WEIGHT

32 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

All Animal Veterinary
Services

REFERRING VET

Dr. Acworth

INVOICE

68603

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Chronic coughing, when defecating is coughing/ wheezing xrays show possible mediastinal fluid, masses around base of heart and cranial to heart. current meds: Temaril P, Rilixine, Aminophylline
Abnormal PE/Chem/CBC/UA Results: Trig 377, K 5.7, Chloride 101

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor, central **mitral** valve insufficiency was noted. This is not clinically significant. 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 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.

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			1.25	1.5	31	61	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	1.0	0.6	32 lbs	1.7	3.05	

ULTRASONOGRAPHIC FINDINGS

Trivial and centralized mitral insufficiency, not clinically significant.
No cardiac component noted.



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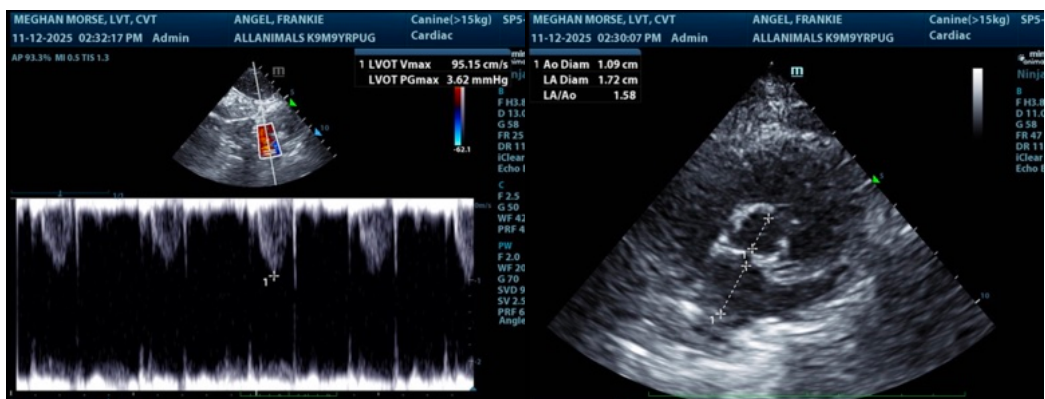
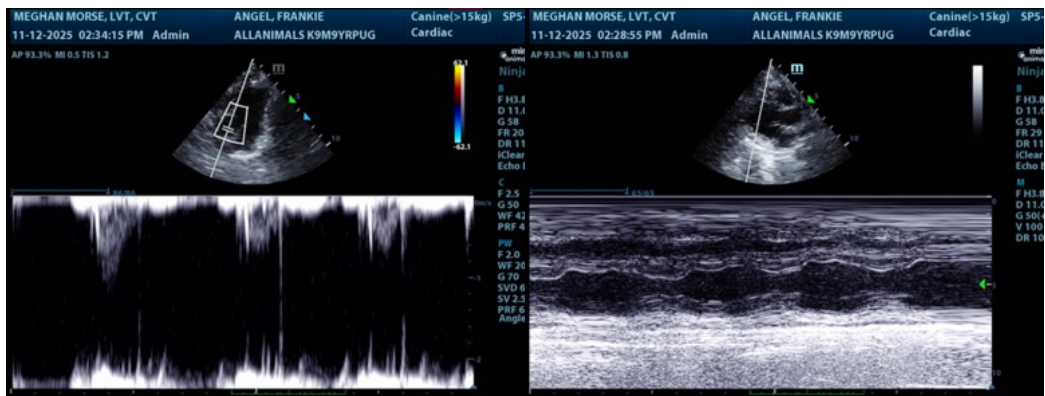
DATE

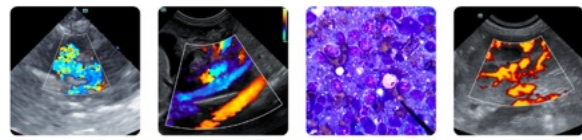
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Barium swallow may be appropriate in this patient to assess for megaesophagus. However, depending on serial radiographs the esophageal air may be temporary. Primary respiratory protocol is indicated.

There was not an acoustic window to image the non-cardiogenic pathology. Possibly with heavy sedation manual chest compression to create an intercostal window may be possible but this is more of a chest CT case +/- BAL/TTW and possibly when doing the CT under sedation the consolidations may be accessible. We can do this all at our imaging center at 141 Main St Andover, NJ or you can sedate Frankie and Meghan can try to find the consolidations and potentially FNA but there is nothing close to the body wall on the VD that would be an easy target.





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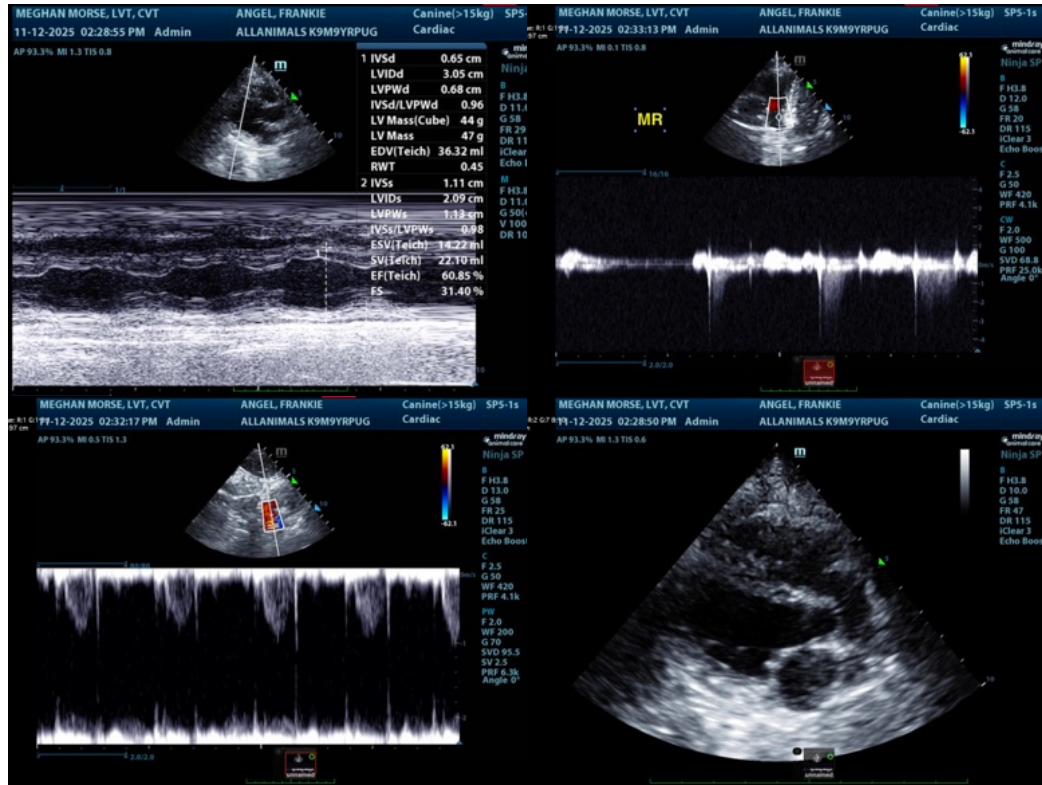
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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