



**PATIENT**

Mako MacDonald

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

1 ½ years

**WEIGHT**

71 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA AVH AH

**REFERRING VET**

Dr. Dymond-Szabo

**INVOICE**

69442

**DATE**

12/9/25

**PRESENTING CLINICAL SIGNS**

History: Newly found grade II/VI L apical heart murmur in October. Current Meds: Trio  
 Abnormal PE/Chem/CBC/UA Results: wnl bw done in Aug. Anaplasma (+)-tick panel neg.

**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 was mildly excessive in this patient at 2.57 m/sec. 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.

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b>	<b>LA/AO</b> (Heart Base)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>			1.4	1.4	40	90	3.7
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b>	<b>LA</b> 2D short axis Base view (cm)	<b>LVIDd</b> Avg; 2D and m- mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m- mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	90	2.57	1.08	71 lbs	3.5	3.2	

**ULTRASONOGRAPHIC FINDINGS**

Mild increased LVOT velocity.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no structural evidence of disease that would be consistent with subaortic stenosis. Likely



**PATIENT**

Mako MacDonald

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

1 ½ years

**WEIGHT**

71 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA AVH AH

**REFERRING VET**

Dr. Dymond-Szabo

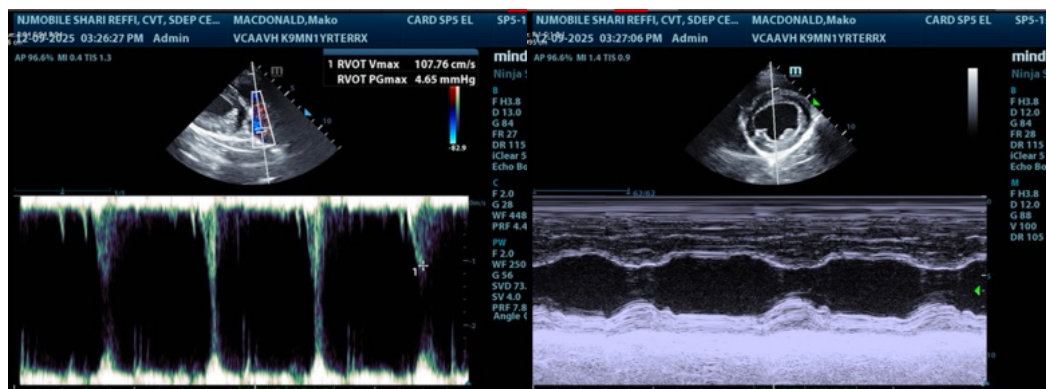
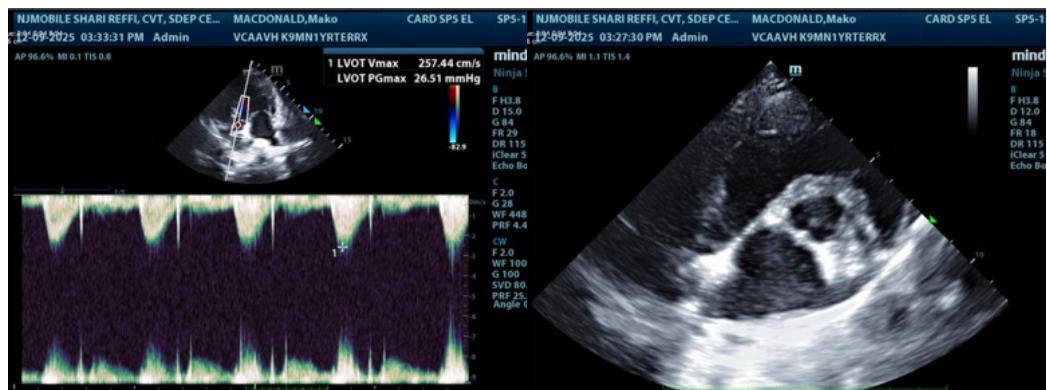
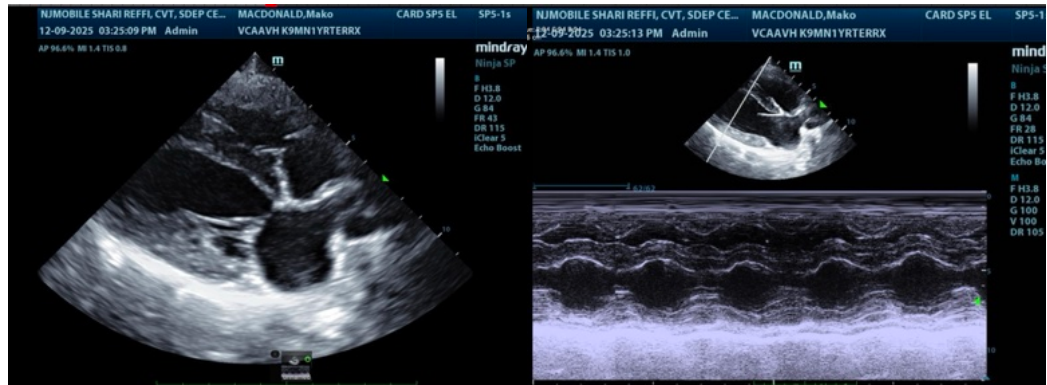
**INVOICE**

69442

**DATE**

12/9/25

idiopathic increased LVOT velocity without overt subaortic stenosis. However, if the breeding line has a similar murmur then further sonographic investigation of the heart murmur would be appropriate. This is not likely going to cause a clinical issue in this patient.





**PATIENT**

Mako MacDonald

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

1 ½ years

**WEIGHT**

71 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA AVH AH

**REFERRING VET**

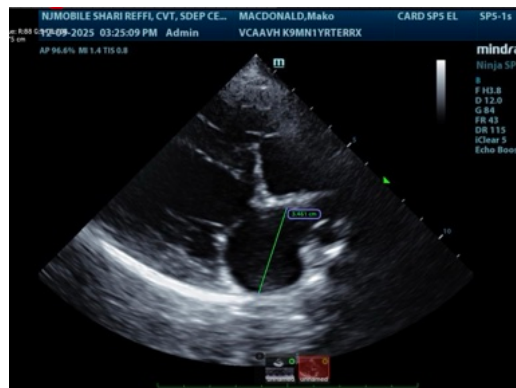
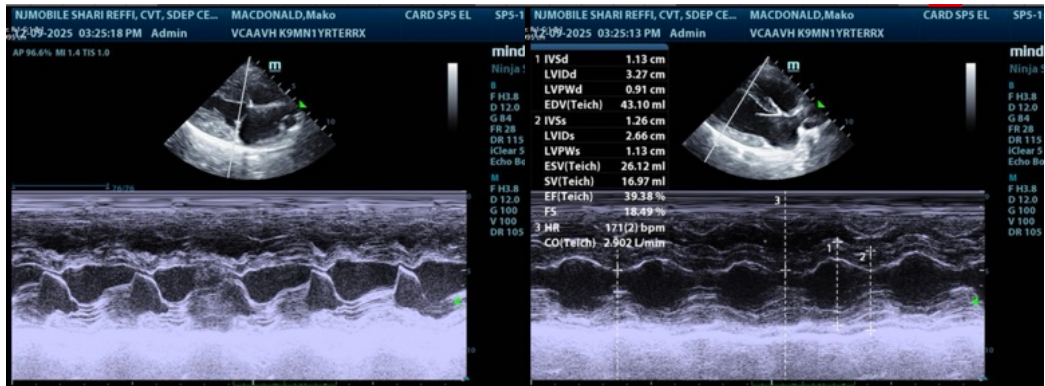
Dr. Dymond-Szabo

**INVOICE**

69442

**DATE**

12/9/25



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

Info@SonoPath.com