



**PATIENT**

Gator Mattes

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

106 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe

**HOSPITAL NAME**

Smithfield AH

**REFERRING VET**

Dr. Boe

**INVOICE**

71640

**DATE**

2/17/26

**PRESENTING CLINICAL SIGNS**

- Elevated ProBNP

**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. **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. Occasional arrhythmia was noted in this patient.

E Wave Velocity 0.6 m/sec

| <b>CANINE CARDIAC PARAMETERS</b> | <b>MR VMAX</b><br>(m/s) | <b>TR VMAX</b><br>(m/s) | <b>LA/AO</b>           | <b>LA/AO</b><br>(Heart Base) | <b>FS</b><br>(%)                                | <b>EF</b><br>(%)  | <b>EPSS</b><br>(cm)                                       |
|----------------------------------|-------------------------|-------------------------|------------------------|------------------------------|---|---|---|
| <b>NORMAL PARAMETER</b>          | 4.5-5.5                 | <2.7                    | 1.3                    | <1.6                         | 28-40   | 40-100  | <0.6  |
| <b>PATIENT</b>                   | -                       | -                       | 1.3                    | 1.16                         | 24  | 47  | 0.5   |
| <b>CANINE CARDIAC PARAMETERS</b> | <b>HR</b><br>(BPM)      | <b>AV VMAX</b><br>(m/s) | <b>PV MAX</b><br>(m/s) | <b>BODY WEIGHT</b>           | <b>LA</b><br>2D short axis<br>Base view<br>(cm) | <b>LVIDd</b><br>Avg; 2D and m-<br>mode short axis<br>(cm) | <b>LVIDs</b><br>Avg; 2D and m-<br>mode short axis<br>(cm) |
| <b>NORMAL PARAMETER</b>          | 50-100                  | 0.7-1.7                 | 0.7-1.6                | BELOW                        | BELOW   | BELOW   | BELOW   |
| <b>PATIENT</b>                   | 80                      | 1.7                     | 0.96                   | 106 lbs                      | 4.0 max   | 4.37  |   |

**ULTRASONOGRAPHIC FINDINGS**

Normal echocardiogram.

Occasional arrhythmia.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of pathology. EKG and blood pressure measurements are indicated.

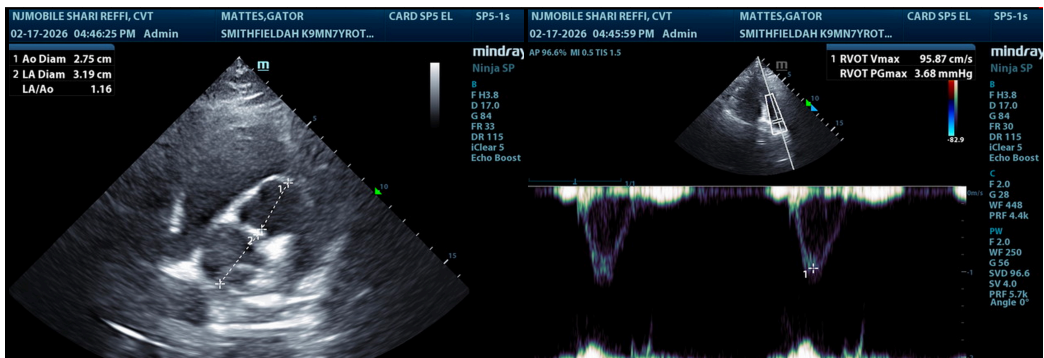
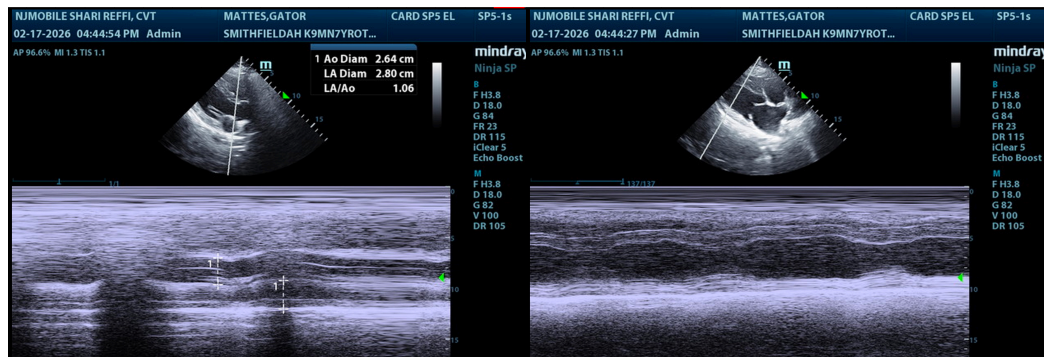
Bio markers such as NT-proBNP are screening tests for myocardial stress. A positive test (>100 pmol/liter) does not mean that cardiac disease is necessarily present.

BNP false +can occur in hyperthyroid, renal insufficiency, severe airway disease, systemic hypertension and potentially other systemic influences.

A negative result largely rules out clinically relevant myocardial disease but does not rule out occult cardiomyopathy.

In cases of pleural effusion, diluting the fluid 1:1 and testing BNP on the fluid is useful to assess if the pleural effusion is cardiogenic in nature.

Ultrasound, however, is the gold standard as far as evaluating clinically significant and occult heart disease.





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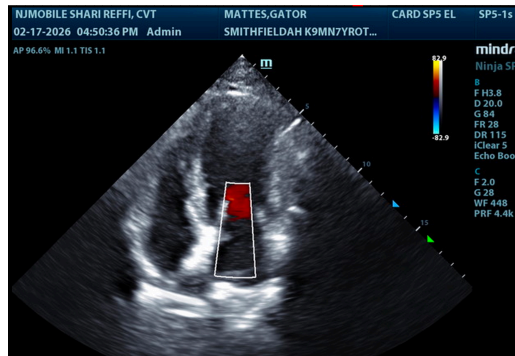
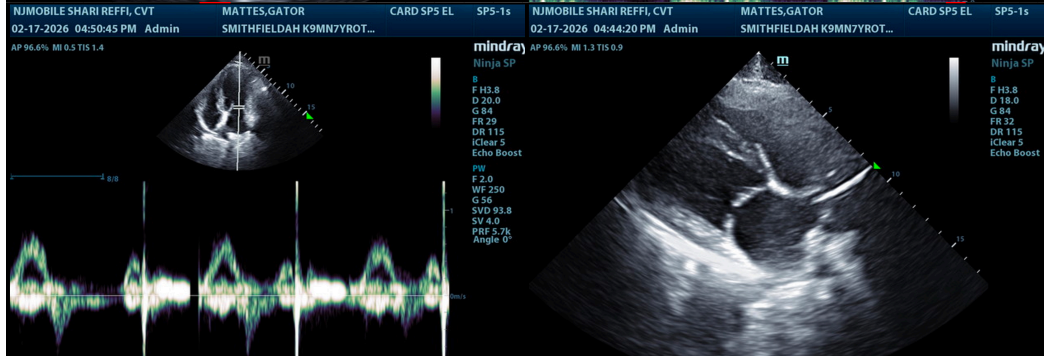
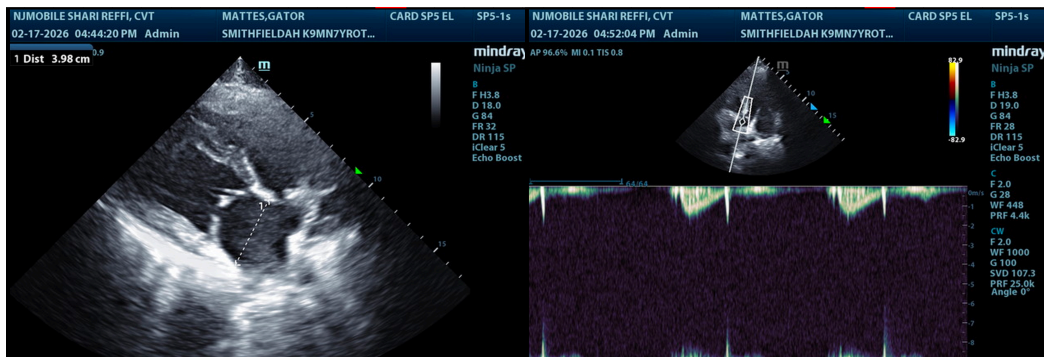
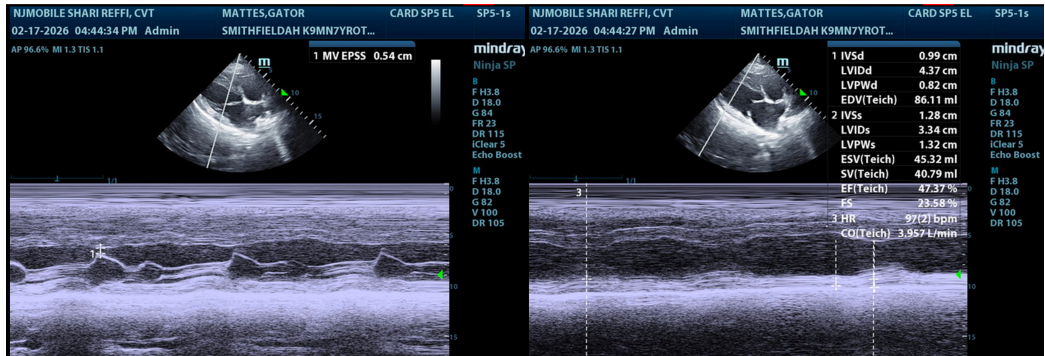
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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