



**PATIENT**

Beemer Davis

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

20 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Heart and Paw Lake  
Hopatcong

**REFERRING VET**

Dr. Marmolejo

**INVOICE**

75311

**DATE**

5/11/26

**PRESENTING CLINICAL SIGNS**

History: BCS 4/9. New grade III/VI heart murmur, asymptomatic. Current Meds: Denamarin  
Abnormal PE/Chem/CBC/UA Results: Hx of elevated ALP 811u/L (7-229) July 10, 2025

**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. **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). A 4.2 x 2.6 cm mass was noted in the cranial mediastinum. This appears to be mineralizing peripheral lung. Peripheral air was noted around the mass and would suggest lung origin.

**E Wave 0.7**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX (m/s)</b>	<b>TR VMAX (m/s)</b>	<b>LA/AO</b>	<b>LA/AO (Heart Base)</b>	<b>FS (%)</b>	<b>EF (%)</b>	<b>EPSS (cm)</b>
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.51	2.8	1.0	1.0	37	69	0.39
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR (BPM)</b>	<b>AV VMAX (m/s)</b>	<b>PV MAX (m/s)</b>	<b>BODY WEIGHT</b>	<b>LA 2D short axis Base view (cm)</b>	<b>LVIDd Avg; 2D and m-mode short axis (cm)</b>	<b>LVIDs Avg; 2D and m-mode short axis (cm)</b>
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	90	1.08	0.65	20 lbs	2.6	2.78	



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**ULTRASONOGRAPHIC FINDINGS**

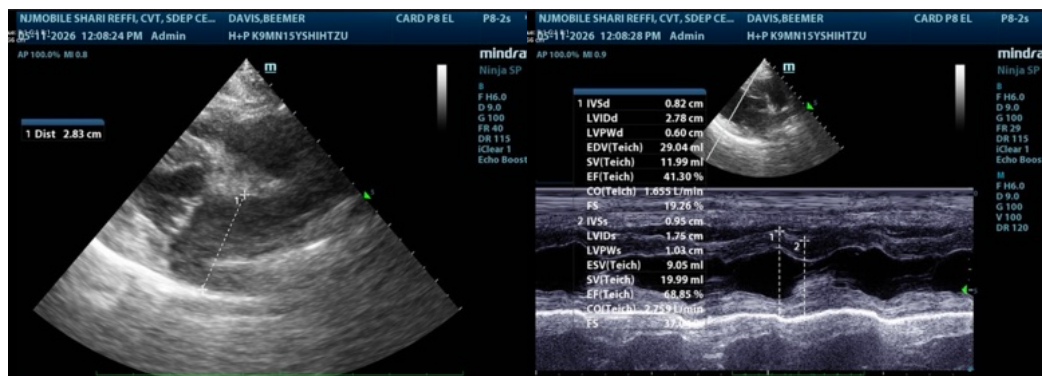
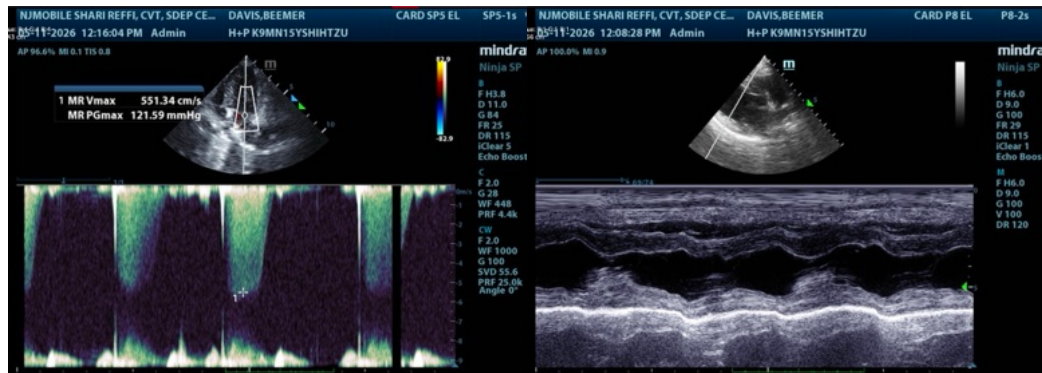
Stage B1 valvular disease.

Cranial mediastinal mass, suspect lung origin given the peripheral air accumulation; however, adjacent lung owing to a lymph node mass is possible. However, the mass is mineralizing, which would suggest carcinoma.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the cranial mediastinal mass and CT evaluation of the chest is warranted as well as abdominal sonogram to assess for primary disease that may be metastatic to the chest.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor 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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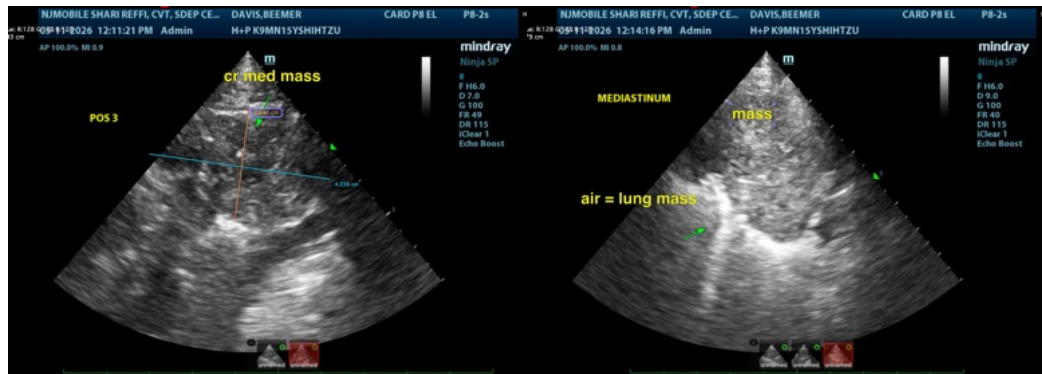
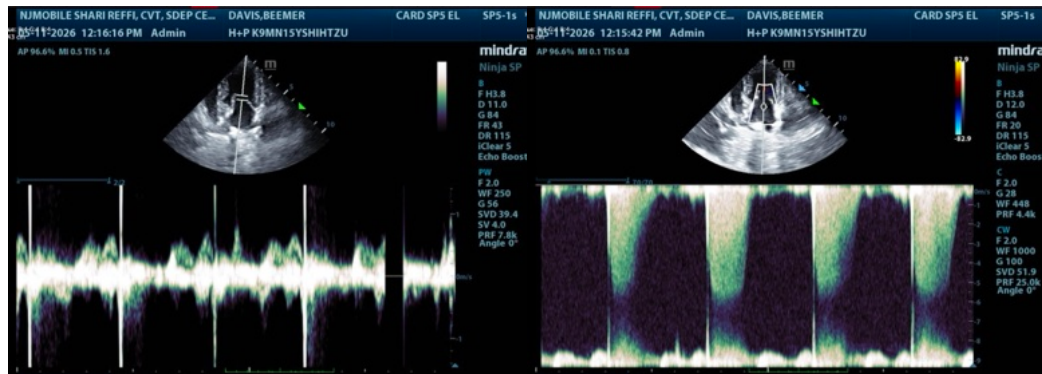
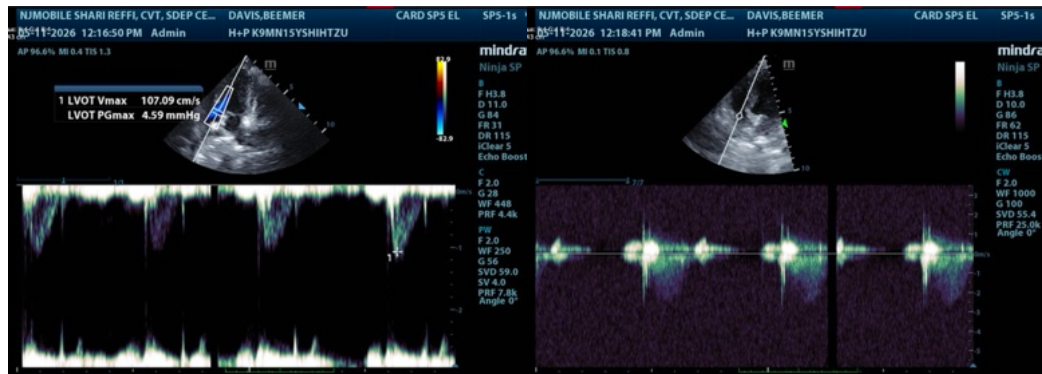
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**SPECIES**

Canine

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.

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