

PATIENT

Sheva Hayashi

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

9 Years

WEIGHT

52 Pounds

INTERPRETED BY

Laurent Locquet, DVM,
 MRCVS, GPCert, (VC)
 Diplomate, ECVIM-CA
 (Cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Kingston AH

REFERRING VET

Dr. Turner

INVOICE

35501

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Getting dental procedure, making sure she is good for anesthesia, Grade II/VI HM (L apex)
 Abnormal PE/Chem/CBC/UA Results: Mild ALKP elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	1.21	--	39	70	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	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				
PATIENT	--	2.76	1.20	--	3.12	4.28	2.61

Cardiac Presentation

The left atrial size expressed both in the LA/AO ratio and LA-MAX was normal. Chamber volumes and echogenicity were normal. The mitral valve leaflets presented no abnormalities, and doppler showed no signs of insufficiency. There was no evidence of chordae tendineae rupture or mitral valve prolapse. The left ventricle presented with normal wall thicknesses, a linear contour, and was neither dilated nor restricted. The myocardium showed normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was adequate and within the normal range for this patient, supported by fractional shortening measurements and subjective evaluation of all myocardial regions. The left ventricular outflow tract showed a mildly increased outflow tract velocity, potentially suggestive for mild aortic stenosis. The right atrium and auricle revealed normal size, structure, and content. No masses or chamber overload were identified. Tricuspid valve assessment demonstrated a normal valvular structure with no signs of thickening or insufficiency on 2D or color Doppler. The right ventricle was normal in size (approximately one-third of LV diameter), with normal myocardial wall thickness and echogenicity. The pulmonary tract revealed normal valve structure, laminar flow, and a normal diameter. No pericardial or pleural effusion was noted. No echocardiographically detectable evidence of infiltrative disease was present. The cranial mediastinal and pericardial regions were free of visible masses.

ULTRASONOGRAPHIC FINDINGS



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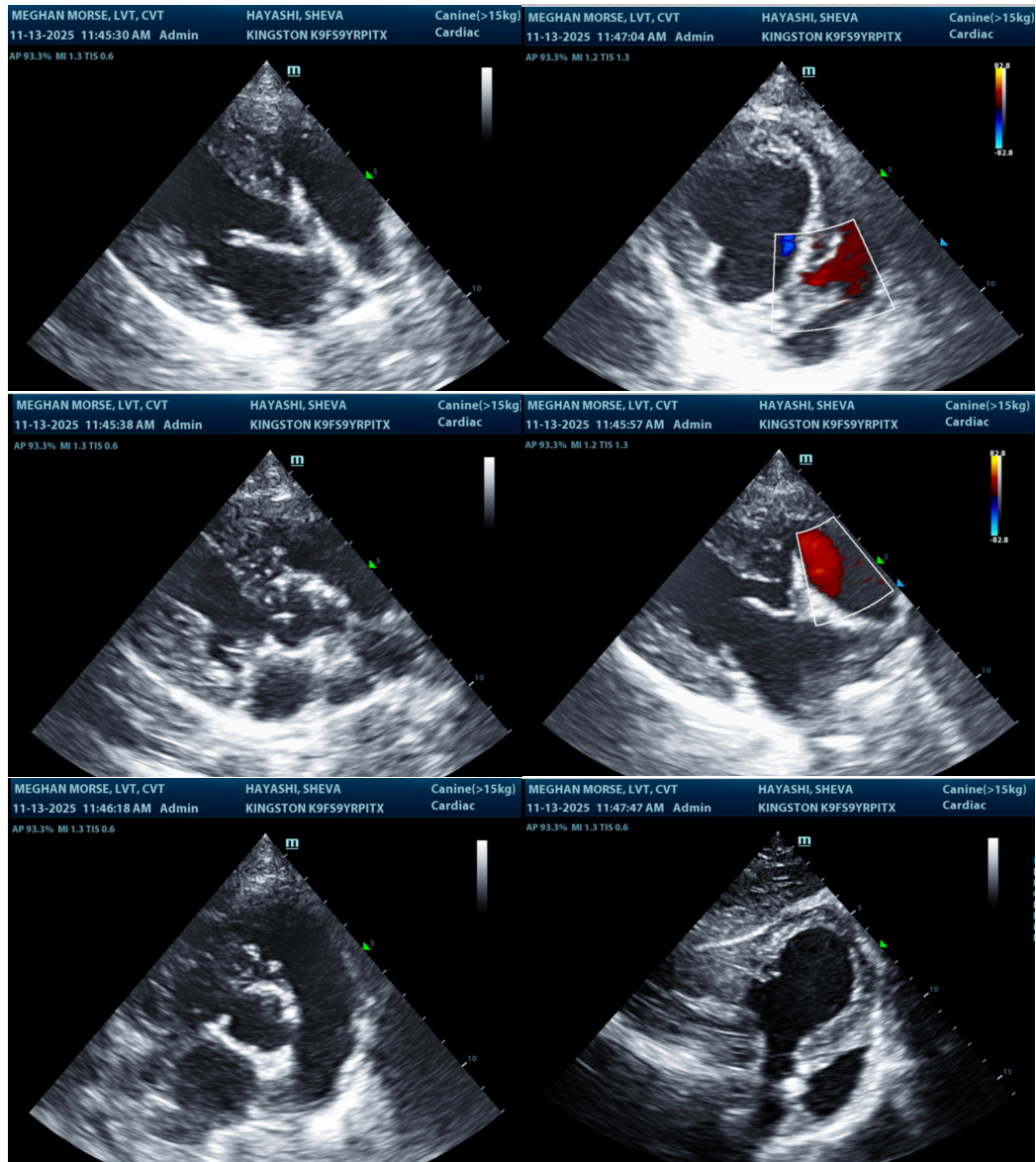
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- Functionally and structurally normal heart, apart from the left ventricular outflow tract that shows velocities that could be compatible with mild aortic stenosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The anesthetic risk from a cardiovascular point of view is not significantly increased based on this examination. Annual recheck can be considered. In the meantime, no treatment is necessary.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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.

Laurent Locquet, DVM MRCVS GPCert (VC) Diplomate ECVIM-CA

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