



PATIENT

Clara Lachtara

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

62 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Karen Ebersole
DVM, DABVP (Canine
and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Cleary

INVOICE

35119

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Aggressive oral mass, planning anesthesia for further surgery with dental specialist. Biopsy pending. Sedation protocol for biopsy procedure. - Methadone and 8mcg/kg Dexdomitor.

Intermittent V-tach during biopsy. Resolved with partial reversal of Dexdomitor and IV lidocaine. Today: Butorphanol for sedation/anxiolytic. Standing echo (anxious).

Abnormal PE/Chem/CBC/UA Results: PE: no murmur auscultated. proBNP 1,065 BW: BG 141, rest WNL. AUS (today) - normal for age CXR (done today), pending.

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 | -- | -- | NM | 1.15 | 29 | 56 | NM |
| CANINE CARDIAC PARAMETERS | HR (BPM) | AV VMAX (m/s) | PV MAX (m/s) | BODY WEIGHT (lbs) | 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 | -- | 1.95 | 1.09 | 62 lbs | 3.39 | 5.17 | 3.65 |

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 LVOT demonstrated normal laminar flow and normal structural integrity. 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



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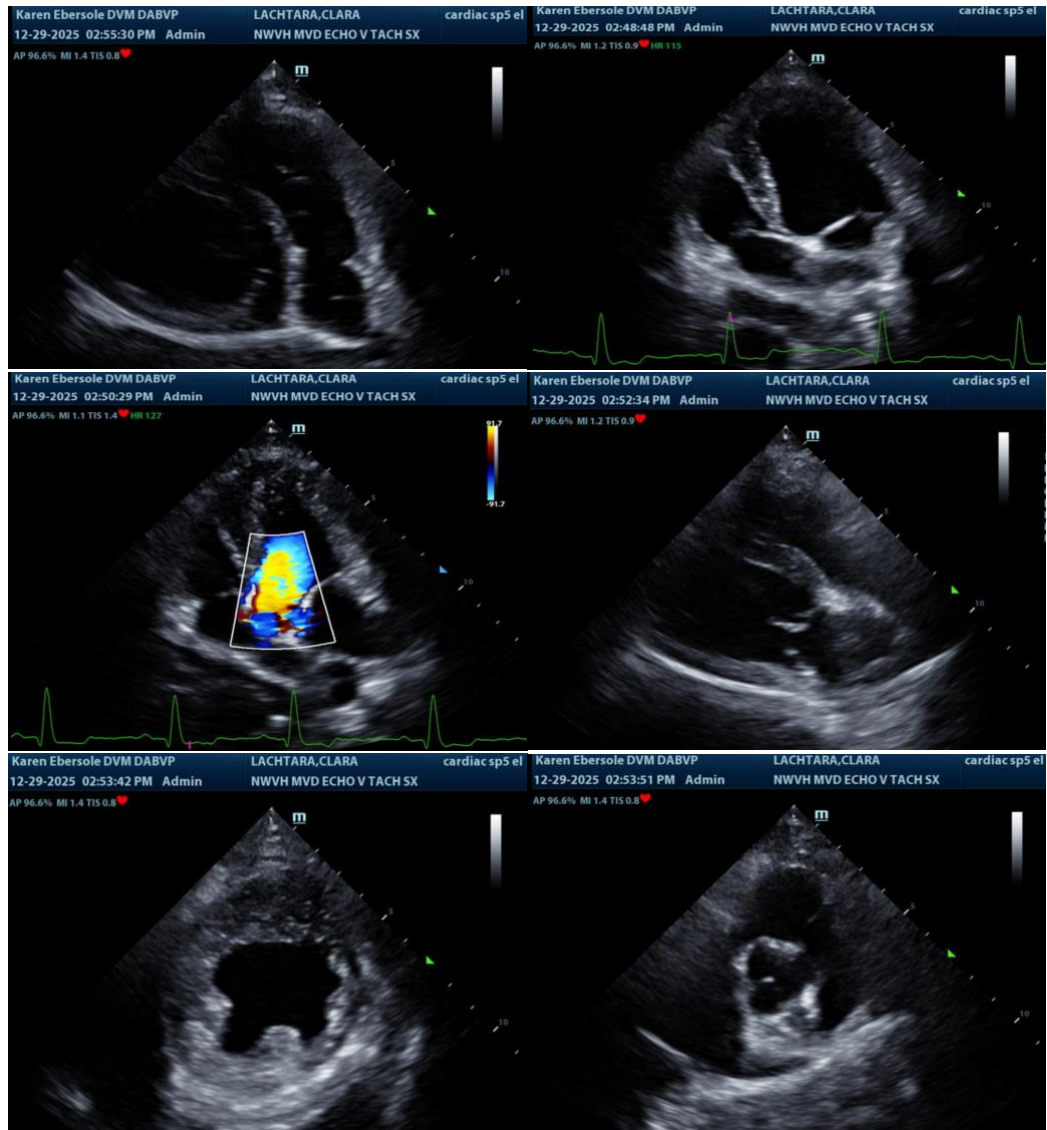
evidence of infiltrative disease was present. The cranial mediastinal and pericardial regions were free of visible masses.

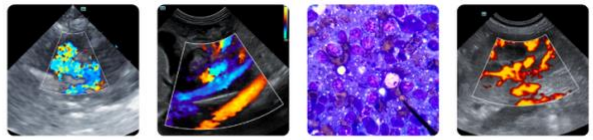
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

For this particular patient, as the heart is functionally and structurally normal, the cardiovascular risk for general anesthesia, based on this scan, is not increased. For future sedations in general, a relatively cardioprotective protocol is 0.2 mg/kg of midazolam, + 0.3 mg/kg butorphanol, + alfaxalone to affect.





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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.

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

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