

PATIENT

Indigo Sandler

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

7 Years 2 Months

WEIGHT

42 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Ridge Road Animal
Hospital

REFERRING VET

Dr. Pathak

INVOICE

16409

DATE

05/21/26

PRESENTING CLINICAL SIGNS

Heart murmur grade 3/6, L systolic murmur

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	5.4	3.4	1.2	1.05	37	67	0.25
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	NM	1.14	3.63	42.0	3.1	3.41	2.15

Cardiac Presentation

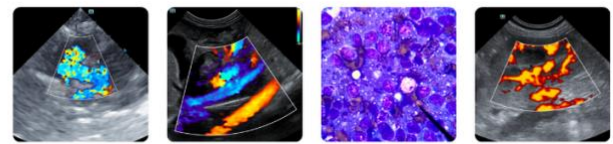
The left atrium was normal in all 3 views. The mitral valve shows myxomatous changes compatible with myxomatous mitral valve disease and mild to moderate mitral valve regurgitation. The left ventricle was normal. The myocardium was normal. Contractility was normal. Left ventricular outflow tract was normal. The right atrium was normal. No evidence of masses. The tricuspid valve showed myxomatous changes with mild tricuspid valve regurgitation. The right ventricle was normal. Moderate pulmonic stenosis with concurrent severe pulmonic insufficiency. No visible pericardial effusion or pleural effusion. The cranial mediastinum and pericardial regions were free of masses in the visible windows.

ULTRASONOGRAPHIC FINDINGS

- ACVIM myxomatous mitral valve disease, stage B-1 with concomitant tricuspid valve regurgitation.
- Moderate pulmonic stenosis with concurrent severe pulmonic insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a congenital defect with an obstructive pulmonary valve as well as a regurgitant component. A balloon valvuloplasty might be considered but is not essential and should be liaised with a local hospital offering interventional cardiology. Annual recheck is recommended. No medications are necessary.



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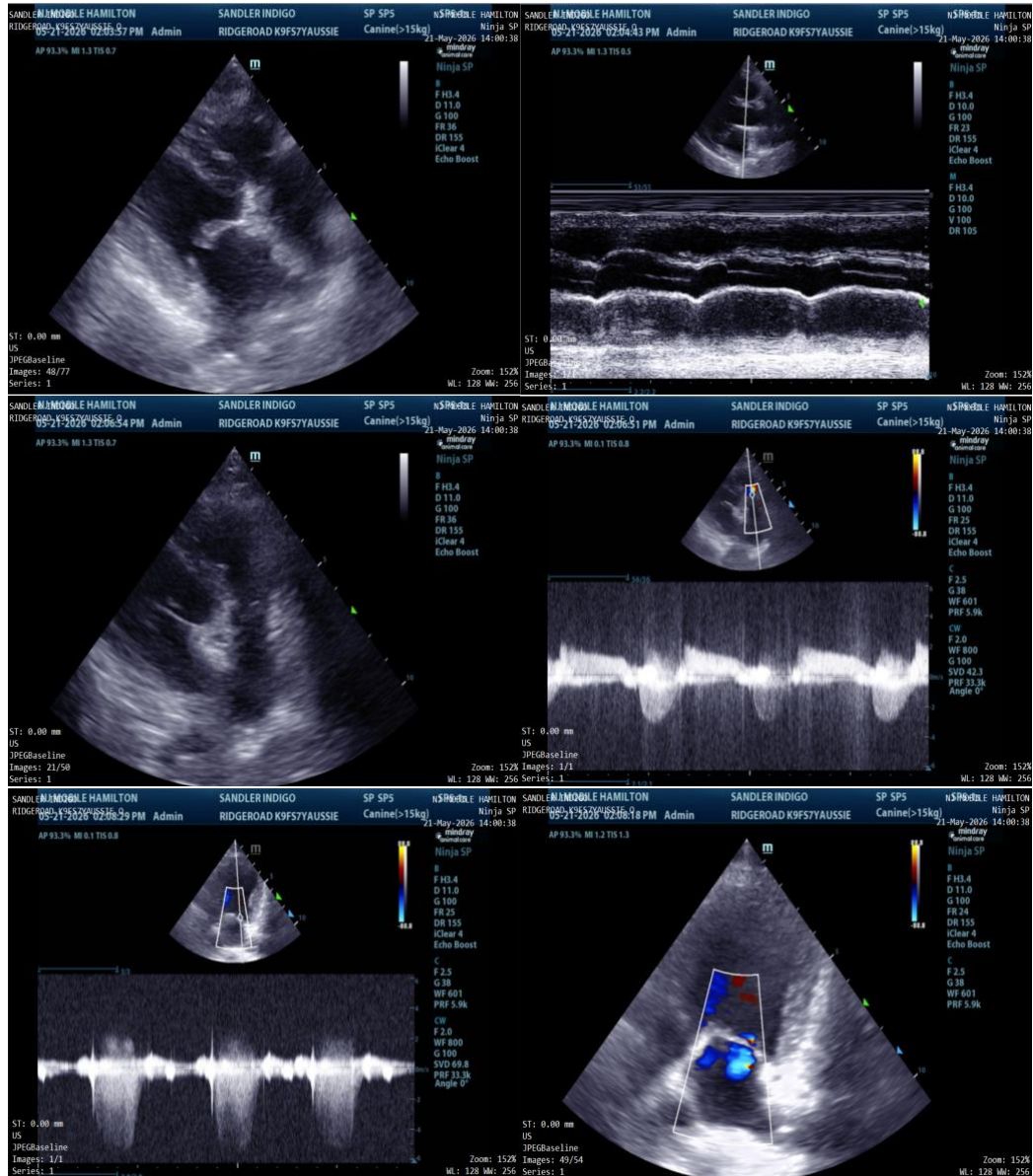
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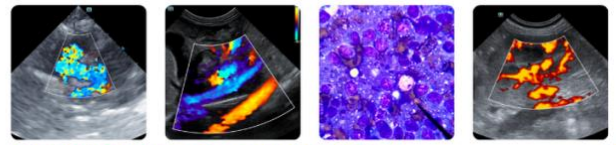


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com



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