**Supplementary Figure S2—**A—Relevant ultrasound anatomy pertinent to the serratus plane block. In this case, the marker (green circle) is oriented cranially. The serratus muscle can be observed between the latissimus dorsi and the ribs. The goal is to advance the needle towards the fascial plane between the serratus ventralis and the external intercostal muscles for the deep infiltration or the serratus ventralis and latissimus dorsi muscles for the superficial infiltration. The superficial infiltration appears to be as effective as the deep, and it may be technically less challenging. The ventral branches of the relevant thoracic spinal nerves run within these intermuscular fascial planes. B—Ultrasound-guided serratus plane block being performed on a Beagle dog. The dog is positioned in lateral recumbency. A high-frequency, linear array ultrasound transducer should be positioned on the thoracic wall, over the latissimus dorsi muscle approximately between ribs 5 and 6, and with the marker (green circle) oriented cranially. The needle should be advanced in the plane. Once the needle is verified to be in the desired interfascial plane, the local anesthetic can be injected. The needle can be chased in a cranial direction hydrodissecting this interfascial plane. This will ensure appropriate cranial distribution of the injectate. EI = External intercostal muscle. II = Internal intercostal muscle. LD = Latissimus dorsi muscle. R = Rib. SV = Serratus ventralis muscle.