


PATIENT

Jewels Rodriguez

PRESENTING CLINICAL SIGNS

Enlarged cardiac silhouette on radiographs; hilar edema; coughing. Current treatments: O2 therapy cage and one dose of Lasix 3mgs/kg.
 Abnormal PE/Chem/CBC/UA Results: ALT 238.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Maltipoo

SEX

Spayed Female

AGE

13 Years

WEIGHT

20.8 Pounds

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	6.0	3.0	NM	1.4	36	67	0.23
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	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	101	1.767	1.0		2.81	2.84	

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Giammanco

INVOICE

26741

DATE

10/29/21

Cardiac Presentation

The echocardiogram presented a prominent **right heart** with mild **right ventricular** hypertrophy, and normal **right atrial** size. **Tricuspid** insufficiency noted at 3.0 m/sec. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was uniformly prominent with mildly depressed pulmonic velocity measured on PW Doppler. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**. Contractility was functionally adequate demonstrated by the FS% measurement. **Mitral** insufficiency noted at 6.0 m/sec with centralized jet, relatively mild. Trivial **aortic** insufficiency noted. No evidence of tumor, pericardial or pleural effusion was noted. The visible **extra-cardiac** tissues were uniformly linear without evidence of masses, infiltrative or inflammatory mediastinal tissue. No evident arrhythmic activity was noted during the exam.

ULTRASONOGRAPHIC FINDINGS

- Mitral and tricuspid insufficiency, compensated at this time
- Aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left atrial size and heartrate are contained. The respiratory distress is primary respiratory, even though mitral and tricuspid insufficiency are present. There is no significant volume overload noted in the heart. Blood pressure measurements recommended. Primary respiratory protocol indicated. Assessment for primary respiratory disease such as pneumonitis, SARS, or thromboembolic disease should be



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considered. Given that left atrial size is contained, no primary cardiac medications recommended. The enlargement on the cardiac silhouette is likely right-sided. Given the breed, assessment for tracheal or bronchial collapse recommended.

SPECIES

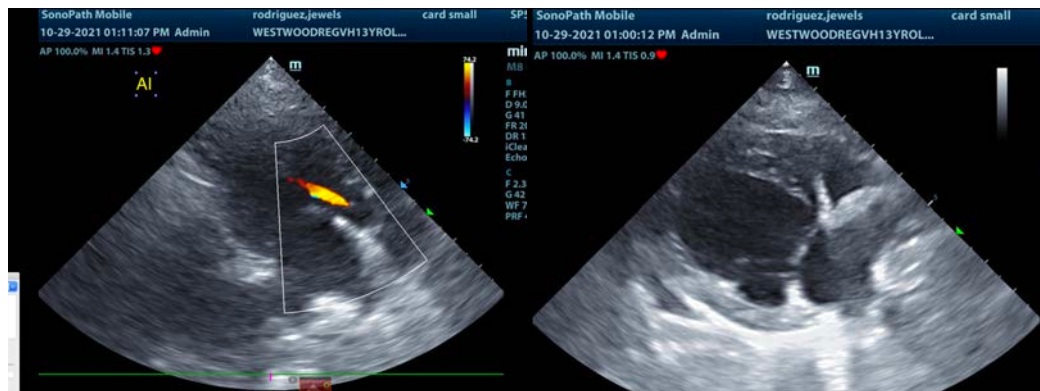
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Spayed Female

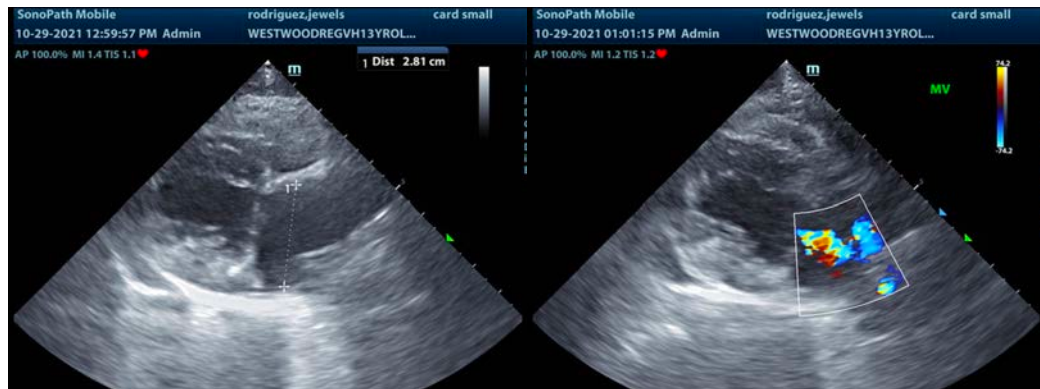


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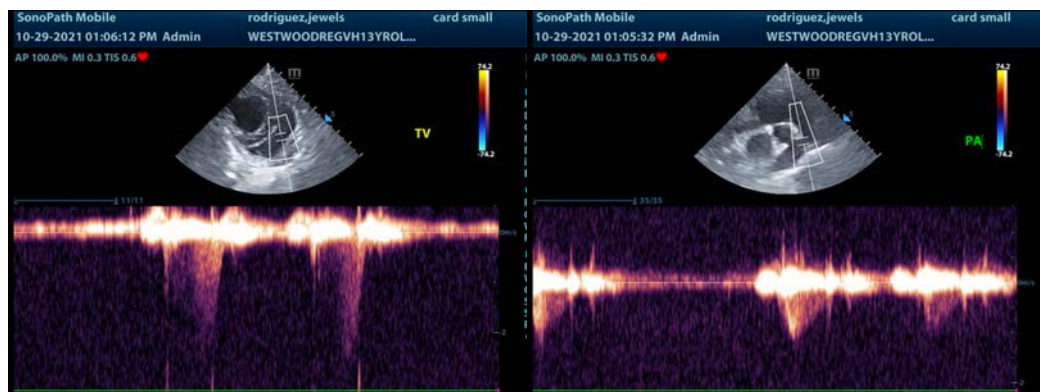
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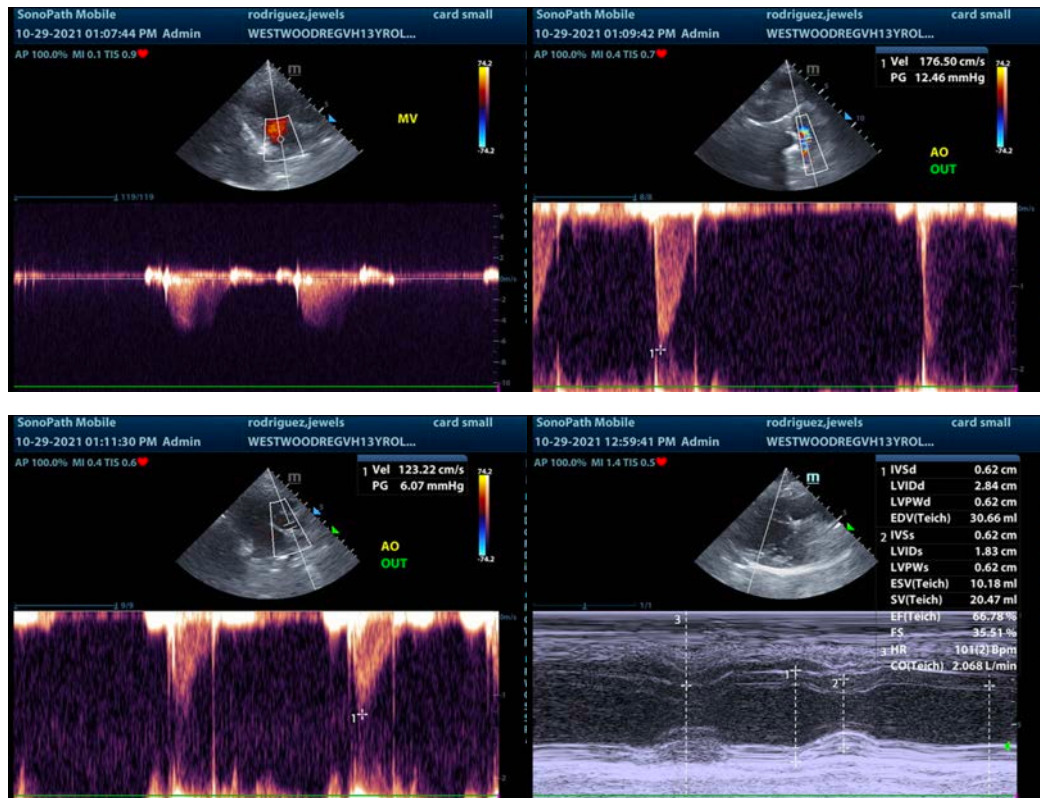
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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