



PATIENT

Eli Real Dog Rescue

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10 Years

WEIGHT

82 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine & Feline), Cert. IVUSS

IMAGING

PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Santo

INVOICE

35548

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Heartworm + New head tremors, coughing Finished one month doxy few weeks of pred.
Abnormal PE/Chem/CBC/UA Results: Hemat-39.4 Hemo-12.9 MCH-21.5 Retic-22.4 WBC-18.8 Neut-11.092 mono-1.128 eos-3.76 HW pos.

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	--	2.0	1.1	1.23	45	80	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	--	1.00	2.0	82lbs	4.56	--	--

Cardiac Presentation

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy and normal **right atrial** size. Tricuspid insufficiency was noted. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was enlarged in this patient with outflow velocity of 60 m/s. Mild pulmonic insufficiency was noted (2.0 m/s). No adult heartworms were noted 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. The **mitral valve** was not significantly insufficient, and no significant **left atrial** dilation was noted. The **left ventricular outflow** demonstrated normal flow patterns and velocities through the aortic valve. 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. The hepatic veins were not dilated. No evidence of clinically significant pulmonary hypertension.

ULTRASONOGRAPHIC FINDINGS



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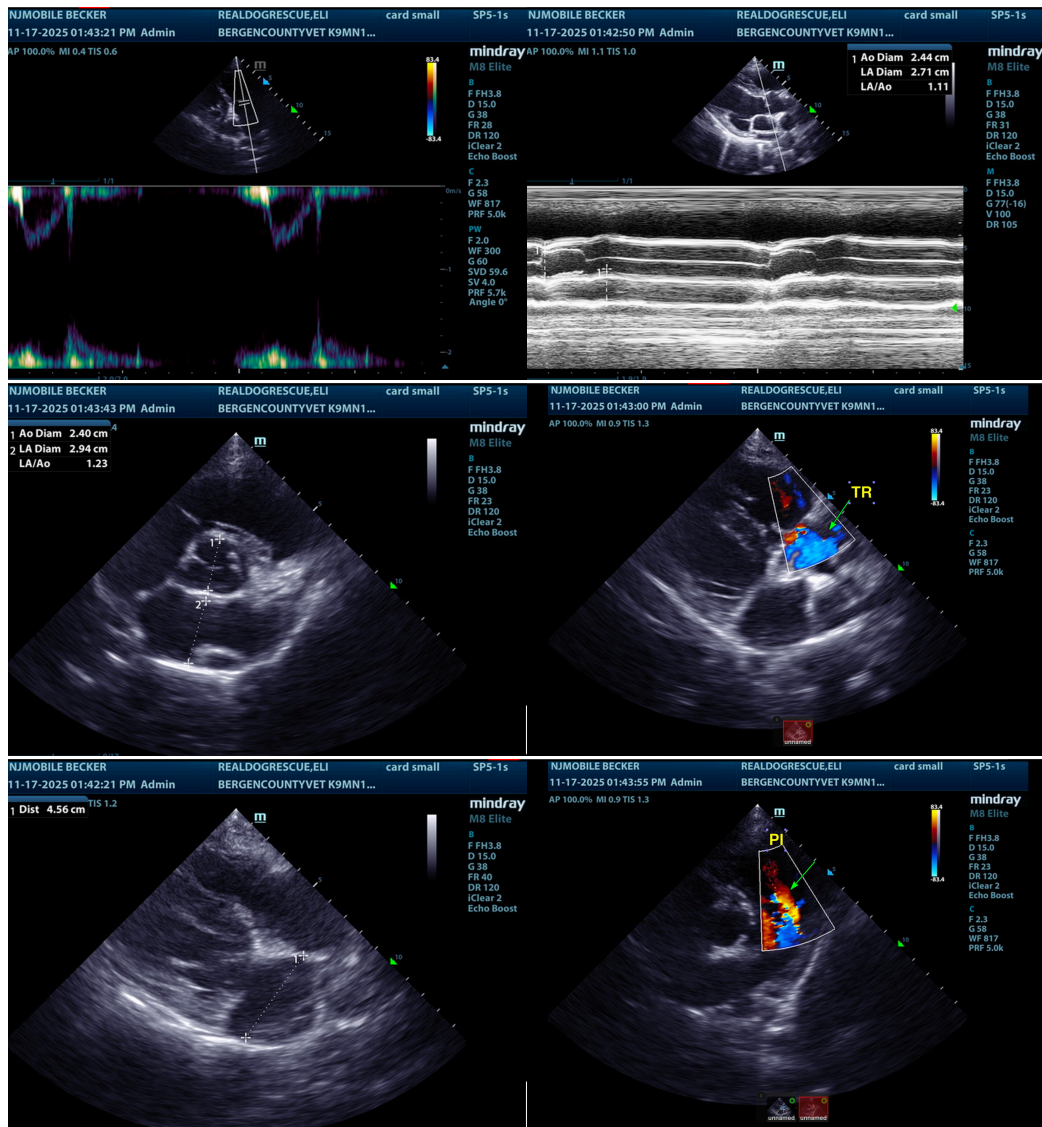
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- Cor pulmonale type presentation, secondary to heartworm infestation likely, yet no adult heartworms were noted in the deep pulmonary artery, however, cannot rule out heartworms in the pulmonary vasculature.
- Pulmonic and tricuspid insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation appears compensated at this time. Primary respiratory and slow kill protocols are recommended. No cardiac medications are warranted at this time. Recheck echo in 3-6 months, depending upon progression of the patient.





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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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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