



**PATIENT PRESENTING CLINICAL SIGNS**

Rocko DAlessio Grade I/VI systolic murmur, asymptomatic, No current meds.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine The echocardiogram presented a prominent **right heart** with mild **right ventricular** hypertrophy, with minor **tricuspid** regurgitation, and normal **right atrial** size. Prolapse of the anterior tricuspid leaflet was noted. The left atrium to right atrial ratio was 1:1. 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 (Pickiwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**.

Chihuahua Contractility was functionally adequate demonstrated by the FS% measurement. The **mitral valve** revealed insufficiency, yet there was no significant **left atrial** dilation 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 slightly dilated in this patient.

Neutered male

12 years

**WEIGHT**

4.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Cruz

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	5.0	3.2	1.3	1.3	36	68	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	100	1.4	1.02	4.5 lbs	2.0	1.66	

**ULTRASONOGRAPHIC FINDINGS**

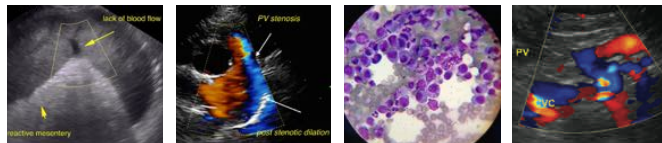
Mitral and tricuspid insufficiency with mild early pulmonary hypertension.  
Minor, right-sided cardiac enlargement.

**INVOICE**

95982

**DATE**

2/10/22



**PATIENT**

Rocko DAlessio

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

4.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Cruz

**INVOICE**

95982

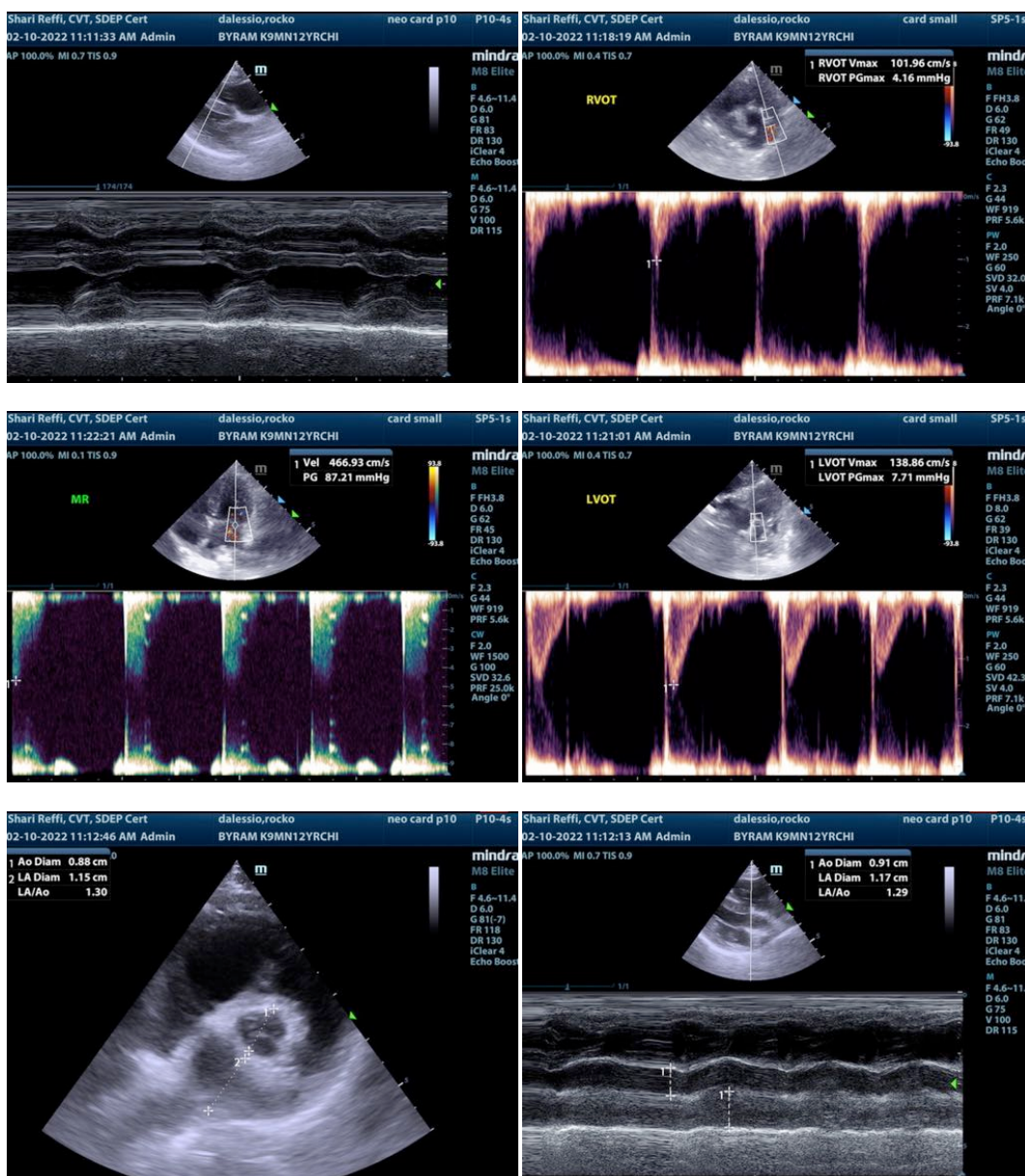
**DATE**

2/10/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No treatment is recommended.

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 3 months, earlier if murmur grade increases or clinical signs initiate.





**PATIENT**

Rocko DAlessio

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

4.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

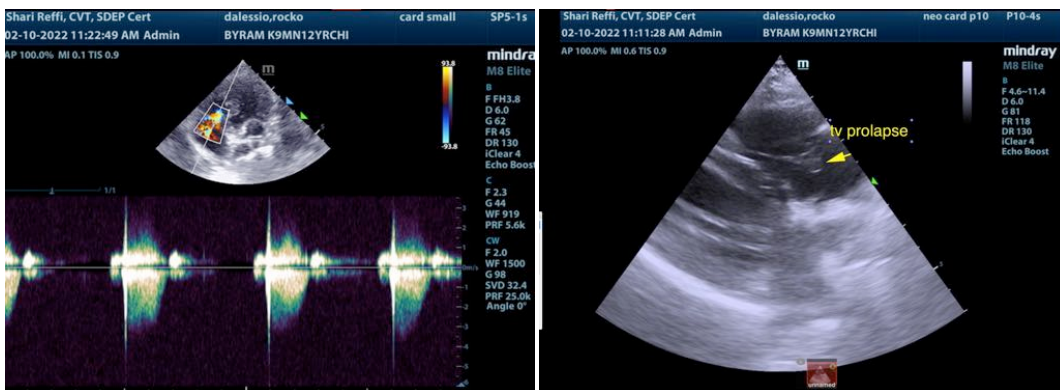
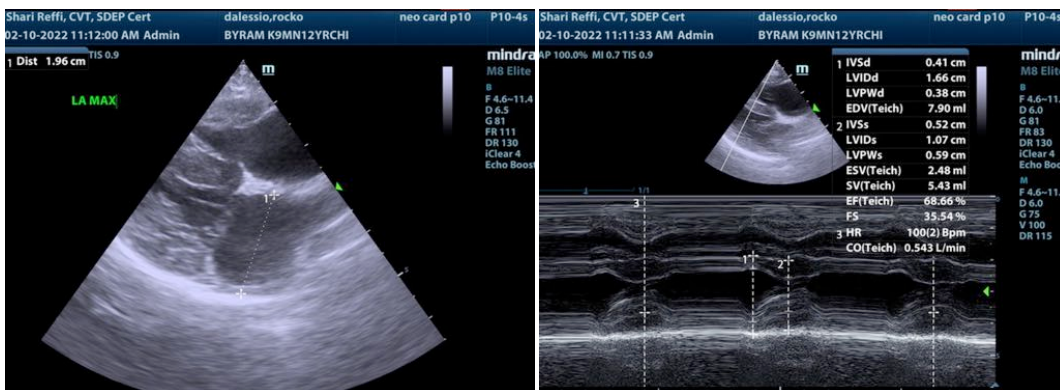
Dr. Cruz

**INVOICE**

95982

**DATE**

2/10/22



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, Cert. IVUSS, CEO of SonoPath.com  
Info@SonoPath.com