



PATIENT

Rocky Petrucelli

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

5

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

36789

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Presented for mid BM vomited and fell over couldnt walk wobbly unsteady Current meds Enalapril 5mg 1/2 SID Spirolactone 25mg 1/4 BID Vetmedin 2.5mg 1/2 BID Had last echo on 7/10/25
- Abnormal PE/Chem/CBC/UA Results:BUN 31 ALP >10 T bili 1.4 TP 8.3 K 3.4 Phos 1.5 ALB 4.3

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	6.0	--	NM	--	--	--	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	--	subnorm	.55	11	5.0	3.0	--

Cardiac Presentation

The cardiac presentation in this patient presented severe volume overload of the left atrium. The mitral valve was thickened and irregular and appeared to be stenotic. Primary dysplasia is suspected. Contractility was somewhat compensatory. Volume overload of the left ventricle was also noted. No pericardial or pleural effusion was noted. Minor tricuspid insufficiency was noted.

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The kidneys revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.56 cm. The right kidney measured 3.56 cm.

Adrenal Glands



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Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.2 cm x 0.48 cm at the caudal pole and 0.42 cm at the cranial pole. The right adrenal gland measured 1.77 cm x 0.54 cm at the caudal pole and 0.64 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was slightly subnormal in size with mild increased portal markings. The gallbladder was slightly echogenic and thickened. This is a cholangiohepatitis liver presentation.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis liver presentation
- Stage B-2+ valvular disease, however, some level of primary valvular stenosis appears to be present. Valvular dysplasia appears to be present with the mitral valve.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend reassessing the bilirubin value to ensure this is true value and not artifactual. Mild hepatic remodeling is present. The cardiac presentation appears to be the primary issue in this patient. Continual treatment for volume overload of the left atrium is recommended, adding Lasix at a dose of 2.0 – 3.0 mg/kg BID and chest radiographs to assess for wet lung. Prognosis is guarded. EKG or Holter monitor is indicated. No evidence of abdominal disease directly related to the clinical signs. Blood pressure measurements are also indicated.



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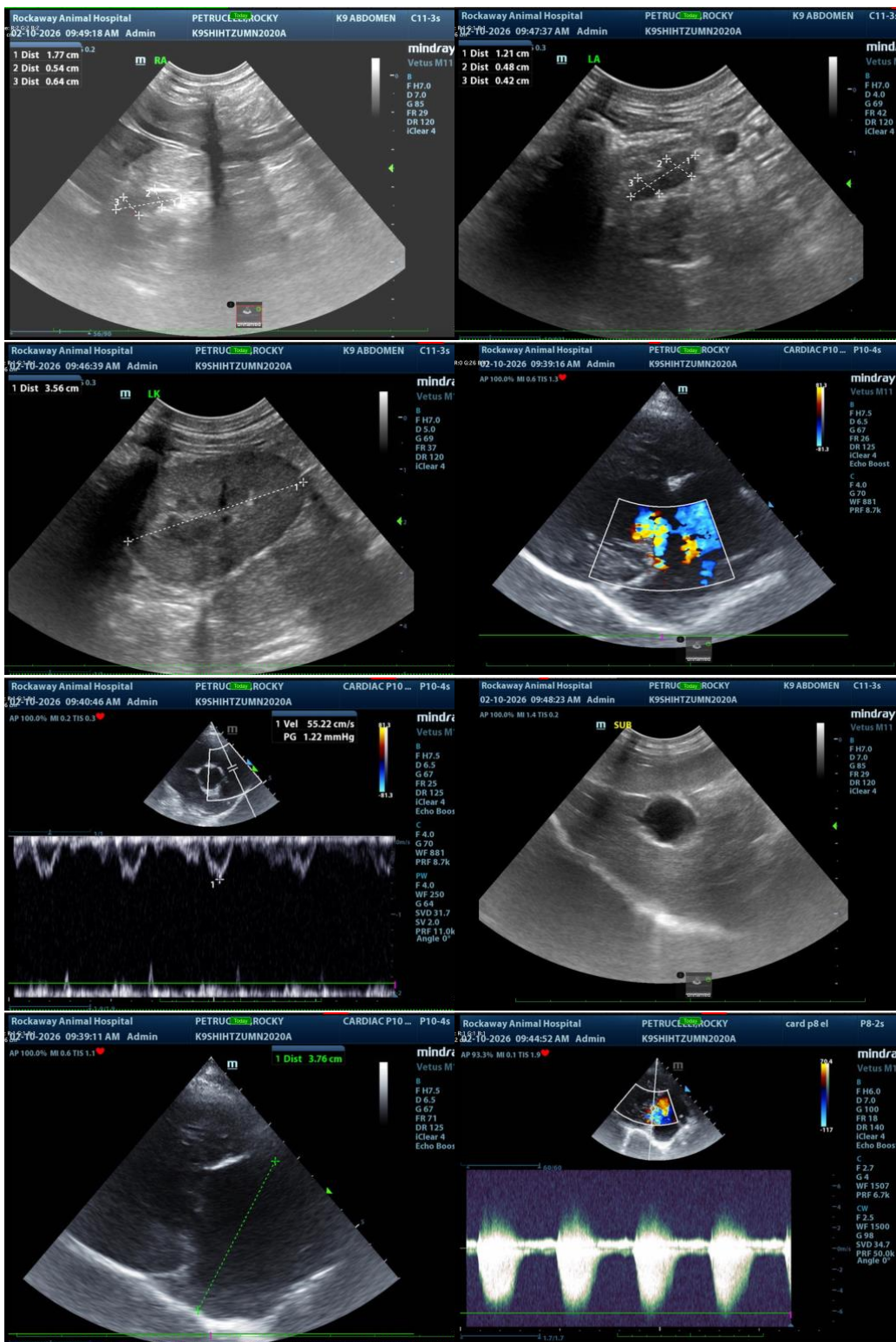
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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