



PATIENT

Rocky Hodupski

SPECIES

Canine

BREED

Silky Terrier

SEX

Neutered Male

AGE

15 Years

WEIGHT

9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Kirk

INVOICE

45324

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Chronic off/on coughing for months. No murmur auscultated.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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			1.1	1.3	39	73	NM
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	BELOW	BELOW	BELOW	BELOW
PATIENT	90	1.28	1.27		2.15	1.78	

Cardiac Presentation

The echocardiogram presented a prominent right heart with mild right ventricular hypertrophy, and normal right atrial size. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. Minor tricuspid insufficiency noted at 2.8 m/sec. 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. 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. Hepatic veins were not dilated.

ULTRASONOGRAPHIC FINDINGS

- Minor pulmonary hypertension, not clinically an issue

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cough is non-cardiogenic in this patient, as left-sided volumes are normal. Primary respiratory protocol indicated based on radiographic and clinical findings. No cardiac medications recommended at this time.



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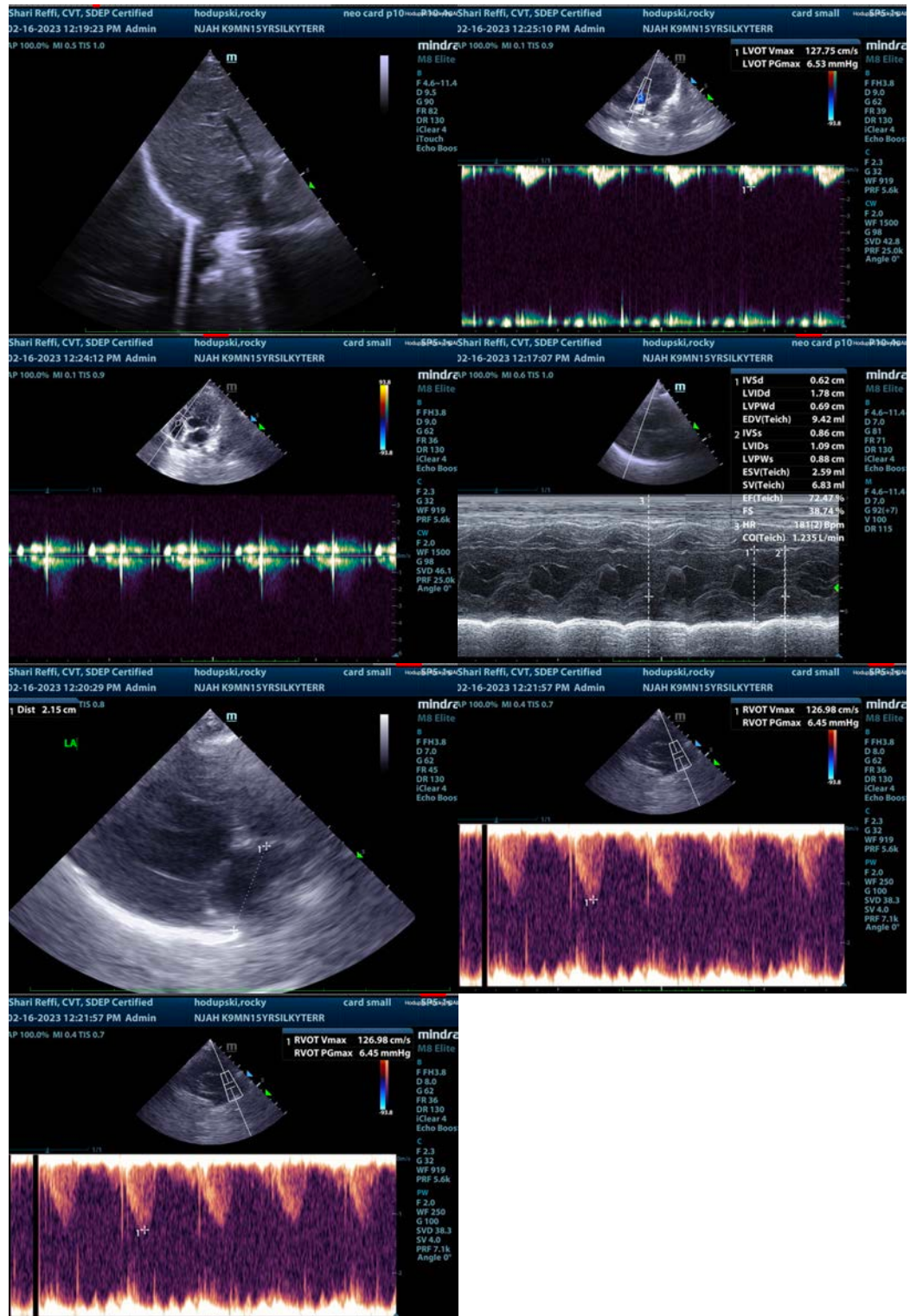
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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