



PATIENT

Bellizzi Nickey

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General
 Hudon

REFERRING VET

Dr. DiGiuseppi

INVOICE

35690

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- ^ Precision PSL
- Painful on palpation of T- C
- Meds: Pred 0.5 mg/kg- 3-day tcR, Gaba 50 mg q 8-12
- Severe dental disease, cutaneous growth, OU Nuclear sclerosis
- Abnormal PE/Chem/CBC/UA Results: chem: Hypoglobulinemia, ^Prec.PSL, ^ Amylase, Accuplex/cbc/ T4 WNL

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	6.50	--	1.36	1.3	47	80	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	113	1.50	.80	10 lbs	2.1	2.34	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. Slight prolapse of the anterior mitral valve leaflet was noted. Doppler indicated significant insufficiency. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated



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adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

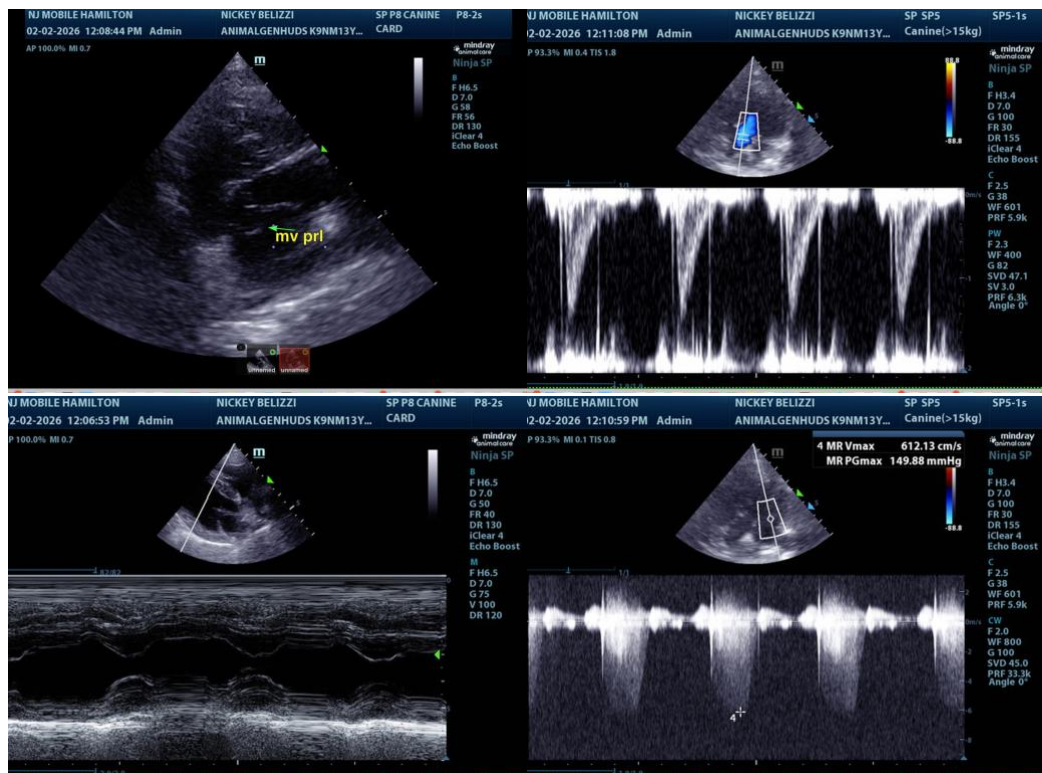
ULTRASONOGRAPHIC FINDINGS

- Stage B-1 valvular disease with significantly elevated MR velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for systemic hypertension is indicated. No therapy is recommended at this time.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor 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 6 months, earlier if murmur grade increases or clinical signs initiate.





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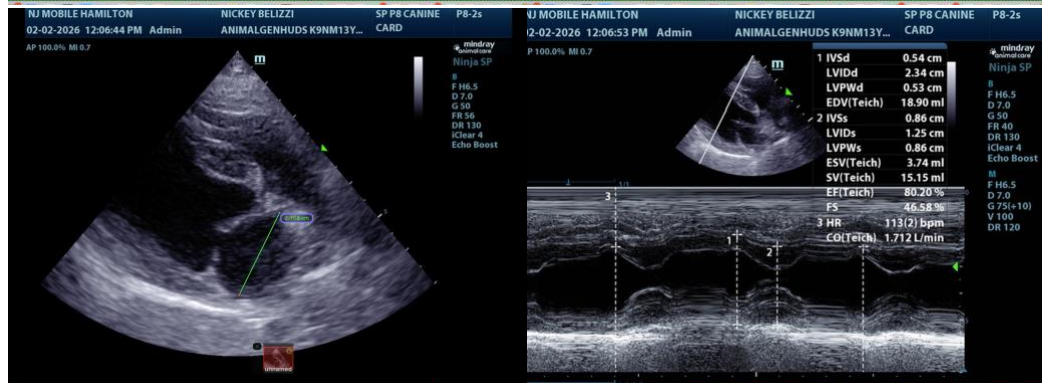
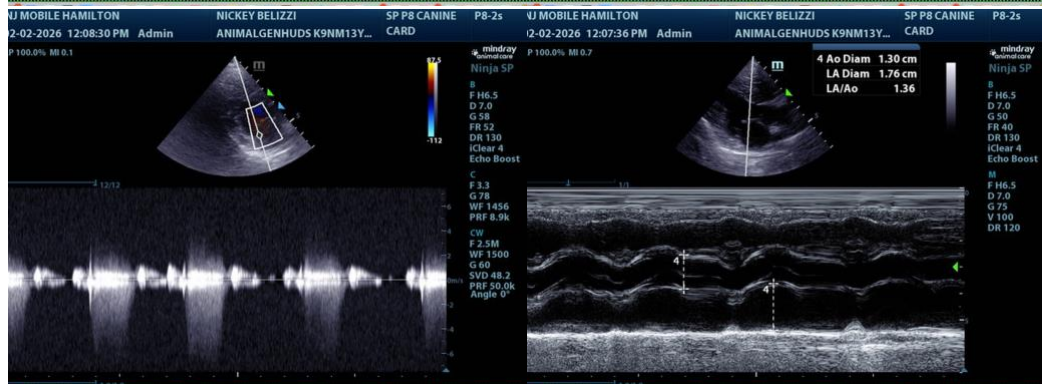
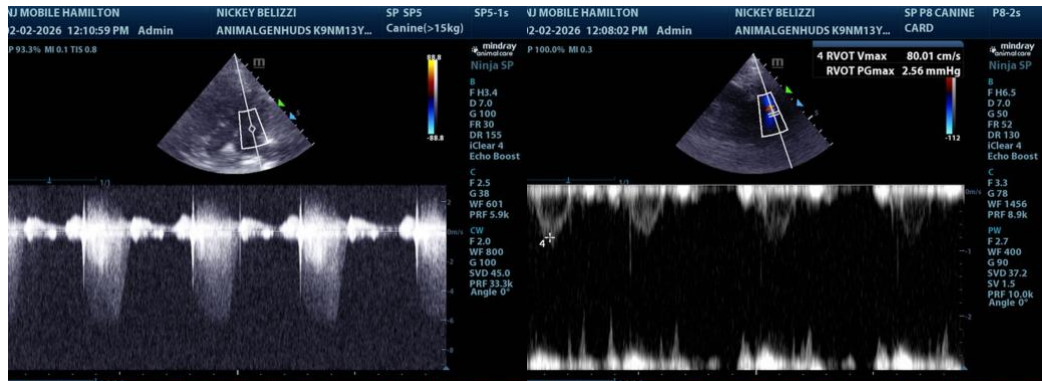
Dr. DiGiuseppi

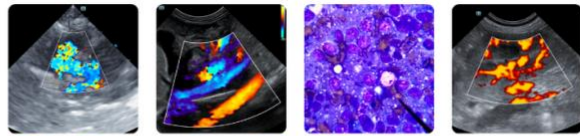
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com