



PATIENT

Snoop Ghio

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Kaplan

INVOICE

73941

DATE

3/23/26

PRESENTING CLINICAL SIGNS

H/O increased panting, abdominal breathing, wheezing, and decreased exercise tolerance x 3days. Previously on Pred and Theophylline but has been off x4 months). Physical Exam: Summary of PE findings (H/O Lower airway collapse: r/o bronchomalacia vs. other. Mucopurulent discharge in lower airways: r/o inflammation vs. infection vs. other. Wheezing: r/o secondary to above vs. pulmonary hypertension vs. other. Panting: r/o secondary to above vs. PDH vs. other. Mature cataracts OU. Elevated liver enzymes: r/o reactive (systemic disease, steroid, age, other) vs. primary hepatopathy. Neutropenia.

Abnormal PE/Chem/CBC/UA Results: Moderate generalized cardiomegaly Patchy broncho-interstitial pulmonary pattern that is most severe within the right caudal lung lobe, overt pulmonary venous congestion is not appreciated narrowing of some of the mainstem bronchi would be suggestive of underlying bronchomalacia and dynamic collapse Generalized hepatomegaly BP 136/87 (103), 152/76 (101) BUN 35, ALT 182, ALKP 353, MONO 1.40, PLT 681, PCT

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	--	--	NM	--	41	73	0.1
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	60	1.9	--	25	3.2	2.86	P--

Cardiac Presentation

The cardiac presentation presented enlarged right heart and fairly normal left heart with mitral and tricuspid insufficiency. Vegetative changes noted on both the tricuspid and mitral valves. LA Max position was normal in this patient. Pleural effusion noted in the thorax.

ULTRASONOGRAPHIC FINDINGS

- Non-cardiogenic pleural effusion with concurrent mitral and tricuspid insufficiency.
- Right-sided enlargement owing to increased thoracic pressures and probable pulmonary hypertension. Normal left-sided volumes.



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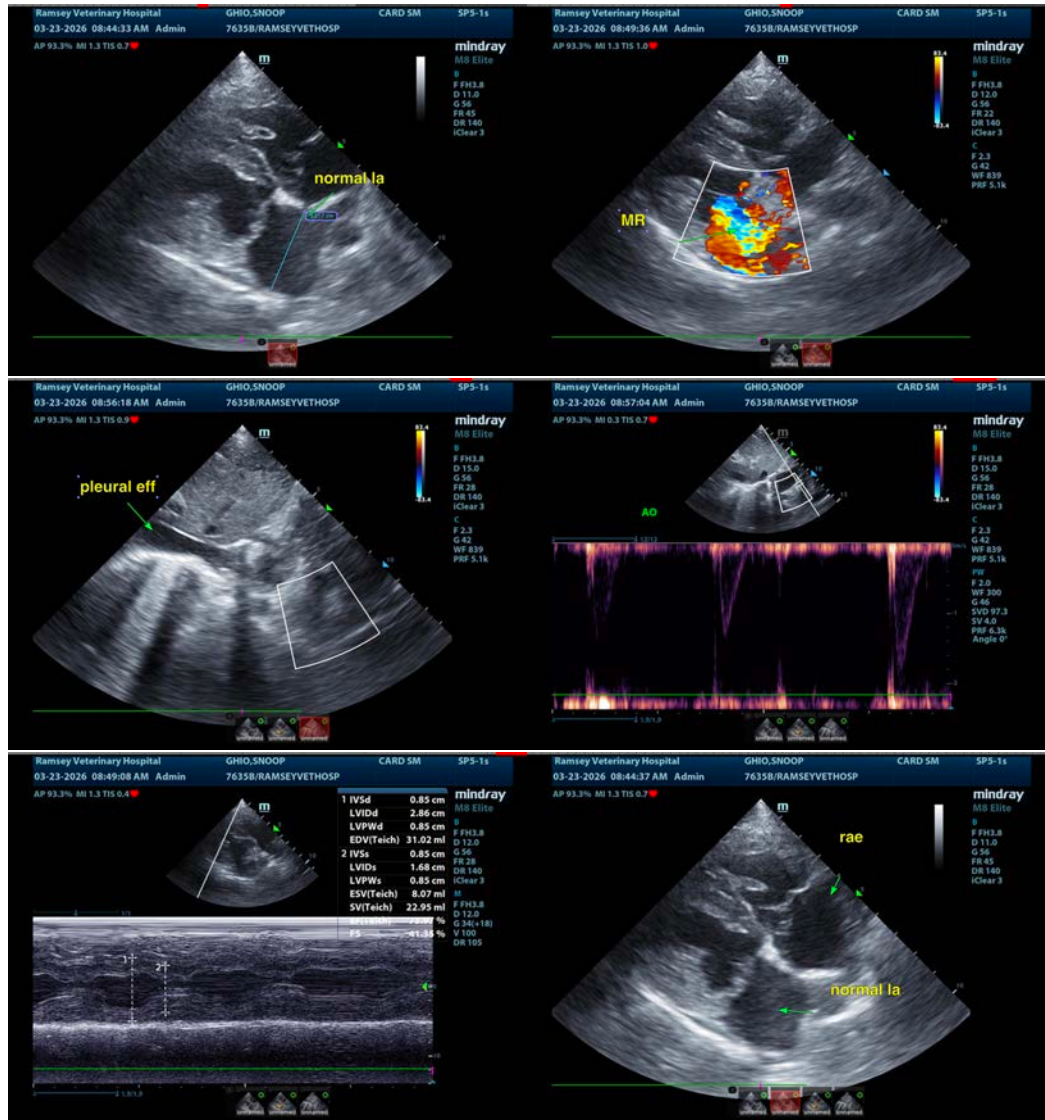
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right heart is likely mildly enlarged owing to excessive thoracic pressure from thoracic pleural and pulmonary disease depending upon radiographic findings. I do not believe that the primary issue is cardiac in this patient. The Prednisone therapy may be suppressing a more significant presentation. Ultrasound guided pleurocentesis, 3-view chest radiographs, and chest CT would be ideal. Abdominal sonogram recommended to assess for primary disease that may be metastatic to the chest.





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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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