


**PATIENT PRESENTING CLINICAL SIGNS**

Frosty Mazzola

Presents on emergency for resp distress, Diff to auscult heart Concern for acute CHF Current meds Veteryl

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

**BREED**

Westie

**SEX**

FS

**AGE**

17

**WEIGHT**

22

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	<1.3	28-40	40-100	<0.6
PATIENT			1.15		39	73	0.1
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				
PATIENT	155	1.25	0.60		2.75	1.65	

**Cardiac Presentation**
**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
 Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital

**REFERRING VET**

Dr. Ascot

**INVOICE**

13107ag

**DATE**

03/06/2023

**ULTRASONOGRAPHIC FINDINGS**

- Cor pulmonale
- Possible pulmonary hypertension yet not clinically an issue

The echocardiogram presented a prominent right heart with mild right ventricular hypertrophy, without significant tricuspid regurgitation, and normal right atrial size. 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 (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. Tricuspid insufficiency was present, yet no hepatic vein dilation was noted. Rapid view of the liver revealed nodular changes as well as splenic nodular and cystic changes. A full abdominal sonogram recommended.



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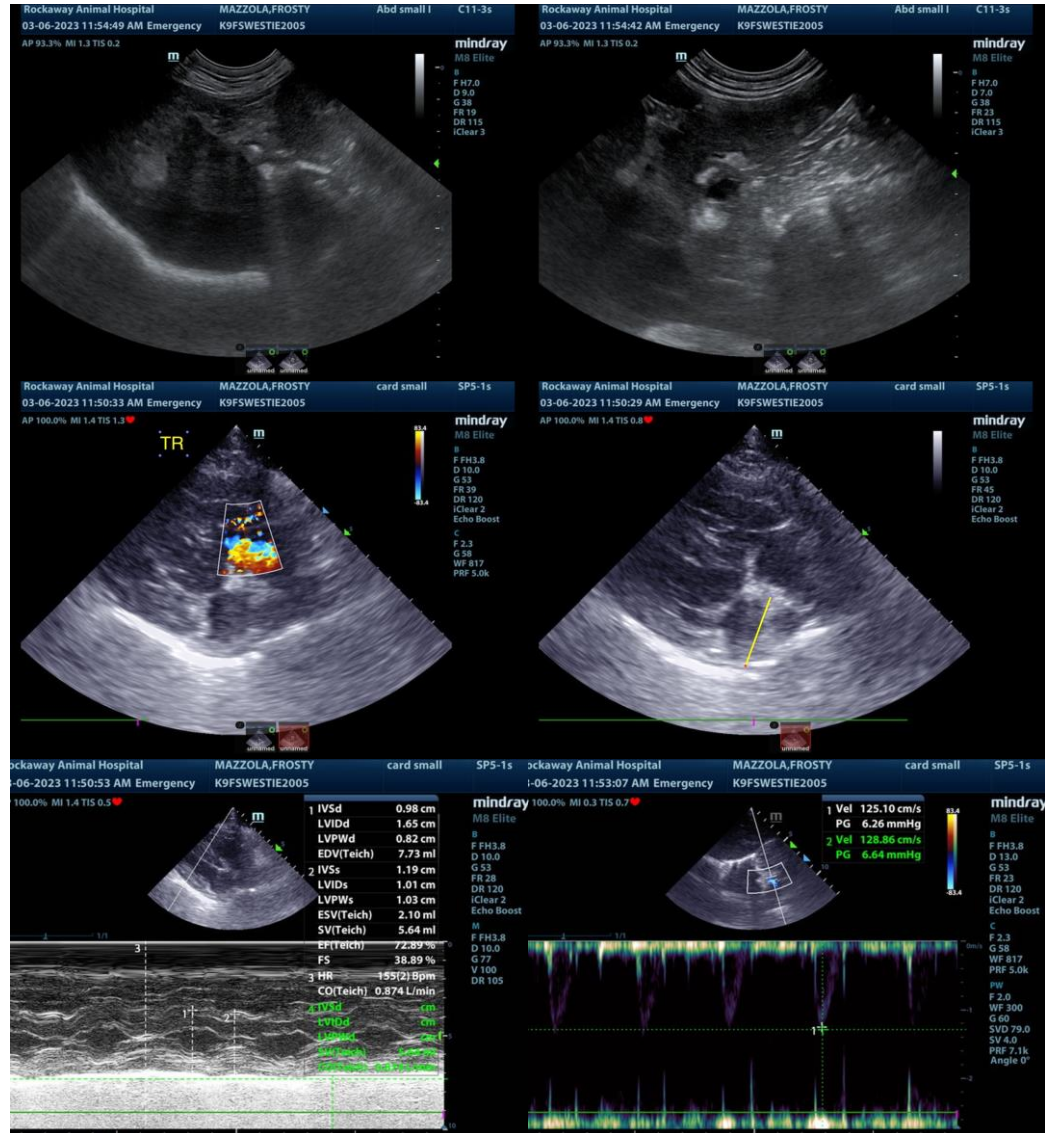
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of primary cardiac disease in this patient, however secondary pulmonary hypertension may be developing. TR velocity was not available owing to respiratory interference. No cardiac medications recommended at this time. Primary respiratory protocol dealing with sudden acute respiratory distress syndrome, thromboembolic disease, pneumonitis or other thoracic causes could be a concern.





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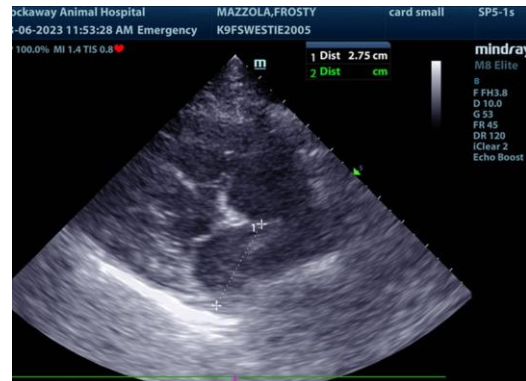
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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