



**PATIENT**

Walter NJSH Rescue

**SPECIES**

Canine

**BREED**

Chi

**SEX**

Neutered Male

**AGE**

13

**WEIGHT**

8.3

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Schiess

**INVOICE**

14145

**DATE**

03/09/26

**PRESENTING CLINICAL SIGNS**

- Increased coughing Had an episode of being "spaced out" yesterday when he got stressed and couldn't stand, decreased appetite Current meds Vetmedin 1.25 mg 1 BID Had a prev cardiac u/s 5/29/25

**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	6.0		1.0	1.0	50	90	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		1.4	0.58	8.3	2.1	1.7	

**Cardiac Presentation**

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy; severe **tricuspid** regurgitation was evident with dilated **right atrial** size. No spectral velocities were noted. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was dilated. 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 respiratory disease or other causes of increased thoracic vascular pressure. 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 evident. The **left ventricular outflow** demonstrated normal flow patterns and velocities. Aortic insufficiency was present. 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. The hepatic veins were not dilated.

**ULTRASONOGRAPHIC FINDINGS**

- Right-sided cardiac enlargement.
- Mitral/tricuspid insufficiency.
- Compensated left atrial size.



**PATIENT**

Walter NJSH Rescue

**SPECIES**

Canine

**BREED**

Chi

**SEX**

Neutered Male

**AGE**

13

**WEIGHT**

8.3

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Schiess

**INVOICE**

14145

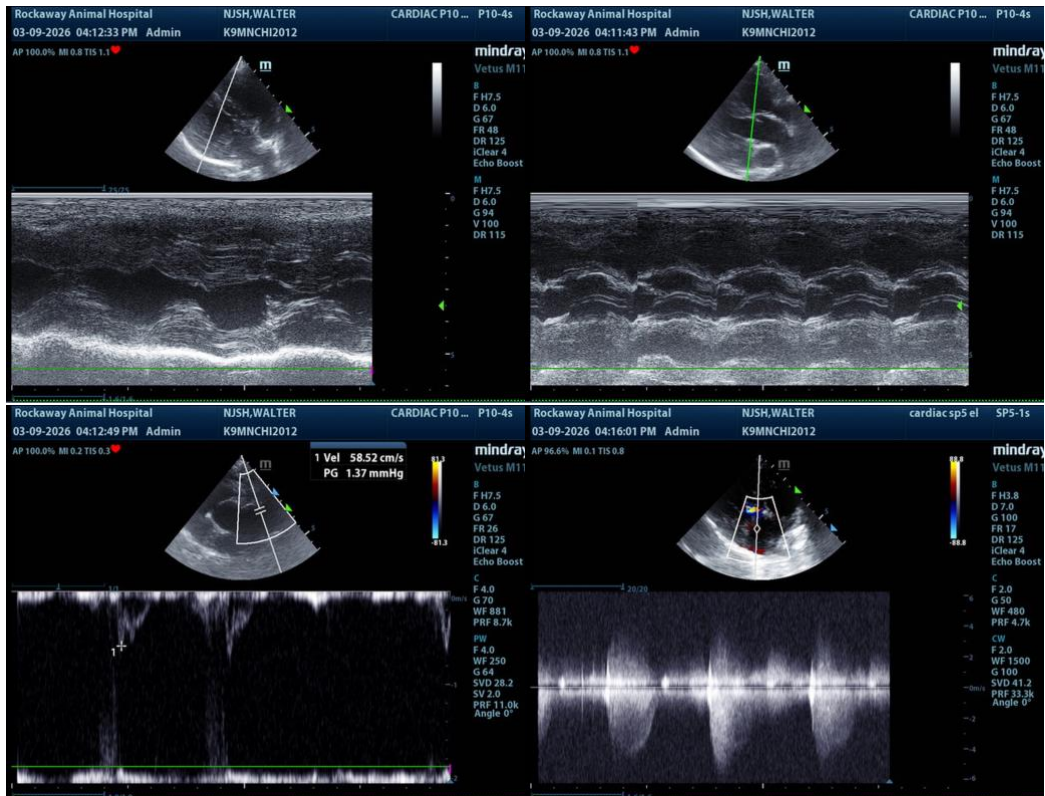
**DATE**

03/09/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the clinical episodes are occurring under physical stress, then pulmonary hypertension may be playing a role. Cannot rule out paroxysmal arrhythmia or CNS disease. Full CNS examination is warranted if abnormalities were found in skull CT. Serial blood pressure is warranted to ensure systolic pressure is less than 160.

Sildenafil trial could be considered at 1.0 mg/kg BID over the next two weeks, however, further spectral doppler assessment of the tricuspid insufficiency is warranted. Assessment for primary respiratory disease that may be influencing the right heart pressure is also indicated with recheck echo in one month.





## PATIENT

Walter NJSH Rescue

## SPECIES

Canine

## BREED

Chi

## SEX

Neutered Male

## AGE

13

## WEIGHT

8.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

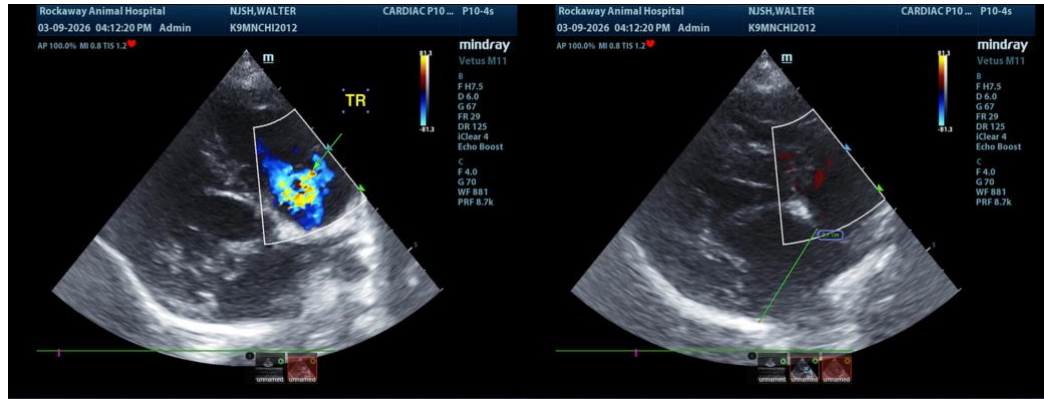
Dr. Schiess

## INVOICE

14145

## DATE

03/09/26



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](mailto:info@SonoPath.com)