



PATIENT

Franky Ressler

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

2 years

WEIGHT

23 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Neis

HOSPITAL NAME

Animal Health Care
Arkansas

REFERRING VET

Dr. Hartman

INVOICE

75510

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: Owner has noticed fluctuating swelling of the abdomen for the last month. Grade 5/6 left systolic murmur. Free fluid in abdominal cavity noted by rDVM 1 week ago. Franky was not on any medications before presenting for swollen abdomen. Currently on Furosemide 25 mg PO q 12 hours and Benazepril 5mg every 24 hours.
Abnormal PE/Chem/CBC/UA Results: Blood chemistry mostly unremarkable with a slightly elevated SDMA. CBC: mild neutrophilia. Rest of CBC was WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented severe right atrial enlargement. The right atrium measured 5.1 cm. The left atrium measured 1.8 cm. The left ventricular septum was flattened owing to right-sided volume overload. The left atrium, left ventricle and mitral valve were all unremarkable. However, the right atrium was severely enlarged with a dysplastic and cleft tricuspid valve. Severe tricuspid insufficiency was noted on color flow and spectral Doppler. Significant hepatic vein and vena cava dilation was noted up to 1.4 cm at the diaphragmatic inlet on the vena cava. Ascites is present.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	NM	NM	30	NM	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	NM	NM	23 lbs	1.8	2.7	

ULTRASONOGRAPHIC FINDINGS

Right sided heart failure.
Tricuspid insufficiency and dysplasia.
Trace pericardial effusion.



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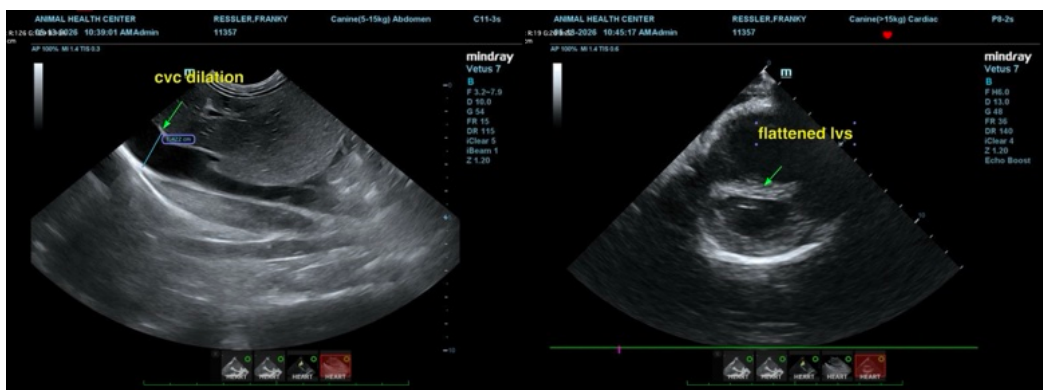
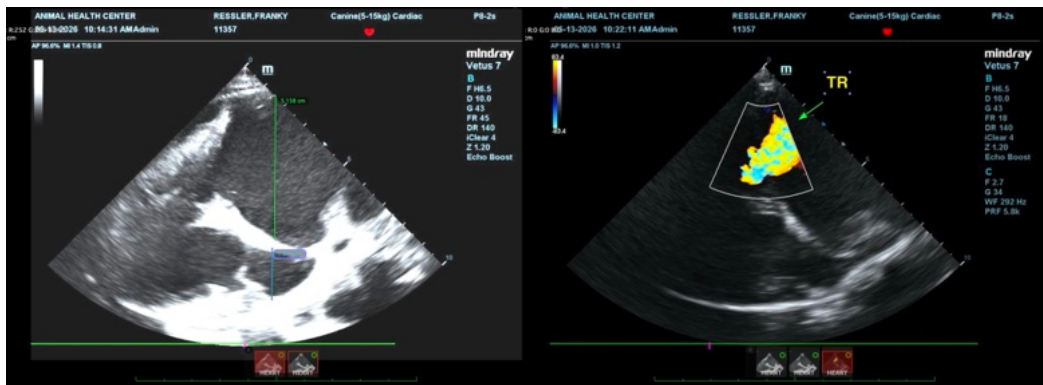
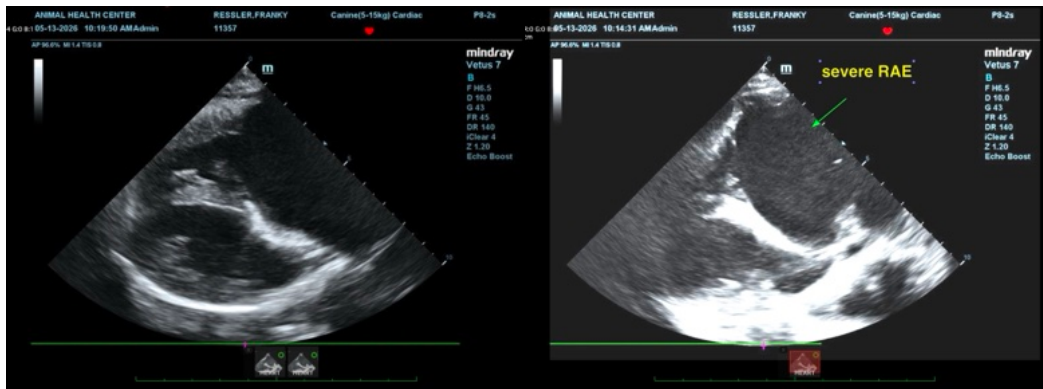
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary congenital lesion with the tricuspid valve and/or pulmonary outflow is possible. This is likely congenital cardiac disease with concurrent right-sided failure. The breeding line should be evaluated for similar or related defects once full evaluation of the degree of congenital disease is defined in this patient.

I cannot rule out pulmonic stenosis in this patient. Further right-sided cardiac evaluation is indicated.





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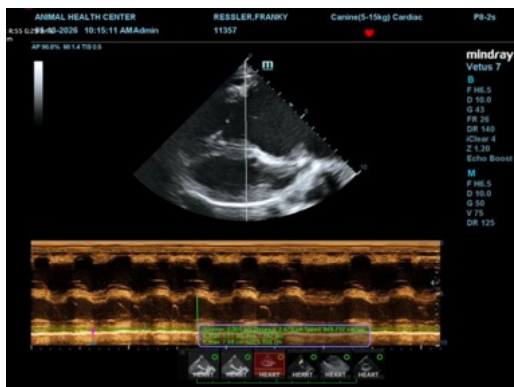
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com