



## PATIENT

CoCo Puff Santacruz

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Spayed female

## AGE

12 years

## WEIGHT

9.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Bil McGee DVM,  
DABVP

## HOSPITAL NAME

Bridgeport AH PLLC

## REFERRING VET

Dr. Smith

## INVOICE

77603

## DATE

5/15/26

## PRESENTING CLINICAL SIGNS

History: History of chronic collapsing trachea and lower airway disease. Recent radiographs showed a suspected cardiac silhouette enlargement. Currently taking cough tabs and temaril P

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy, **tricuspid** regurgitation was evident with relatively contained **right atrial** size. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was uniformly prominent. Pulmonic insufficiency was noted in this patient. 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 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.

| 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           | 1.44               | 44                              | 76                                       | NM                                       |
| 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                   | 78            | 1.2           | 0.66         | 9.2 lbs            | 2.66                            | 2.79                                     |  |

## ULTRASONOGRAPHIC FINDINGS

Cor pulmonale.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of primary cardiac disease in this patient. Given the chronic respiratory changes the right heart enlargement is likely secondary to primary respiratory disease, but not a clinical issue at



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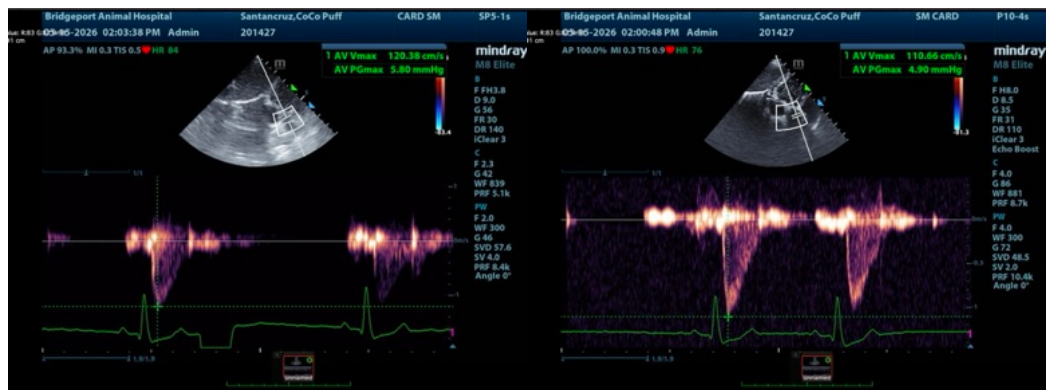
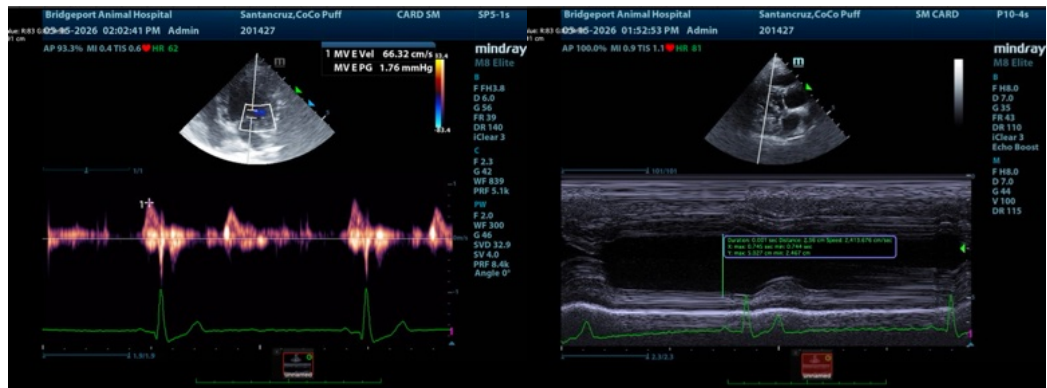
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this time. There was no evidence of structural or functional evidence of pulmonary hypertension at this time. Primary respiratory management is recommended.





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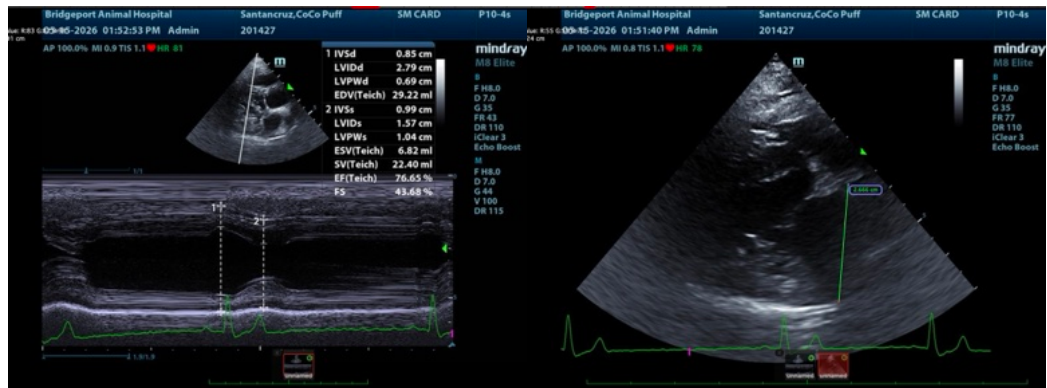
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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