



PATIENT

Coco Chanel Paclisanu

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

8 Years 3 Months

WEIGHT

30.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Laux

INVOICE

37273

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: New cough and episodes of increased respiratory rate. Increased bronchovesicular sounds on left side. On radiograph heart enlarge and rounded. Numelvi, dorzolamide, ketoconazole, tobramycin. Abnormal PE/Chem/CBC/UA Results: WNL

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 | -- | -- | 1.3 | 1.5 | 26 | 54 | 0.3 |
| 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 | -- | 1.62 | 1.20 | 30.8 | 3.47 | 2.64 | -- |

E-wave velocity: 0.7

Cardiac Presentation

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. Trivial centralized **mitral** insufficiency was noted, not clinically significant. 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. Occasional arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor cor pulmonale



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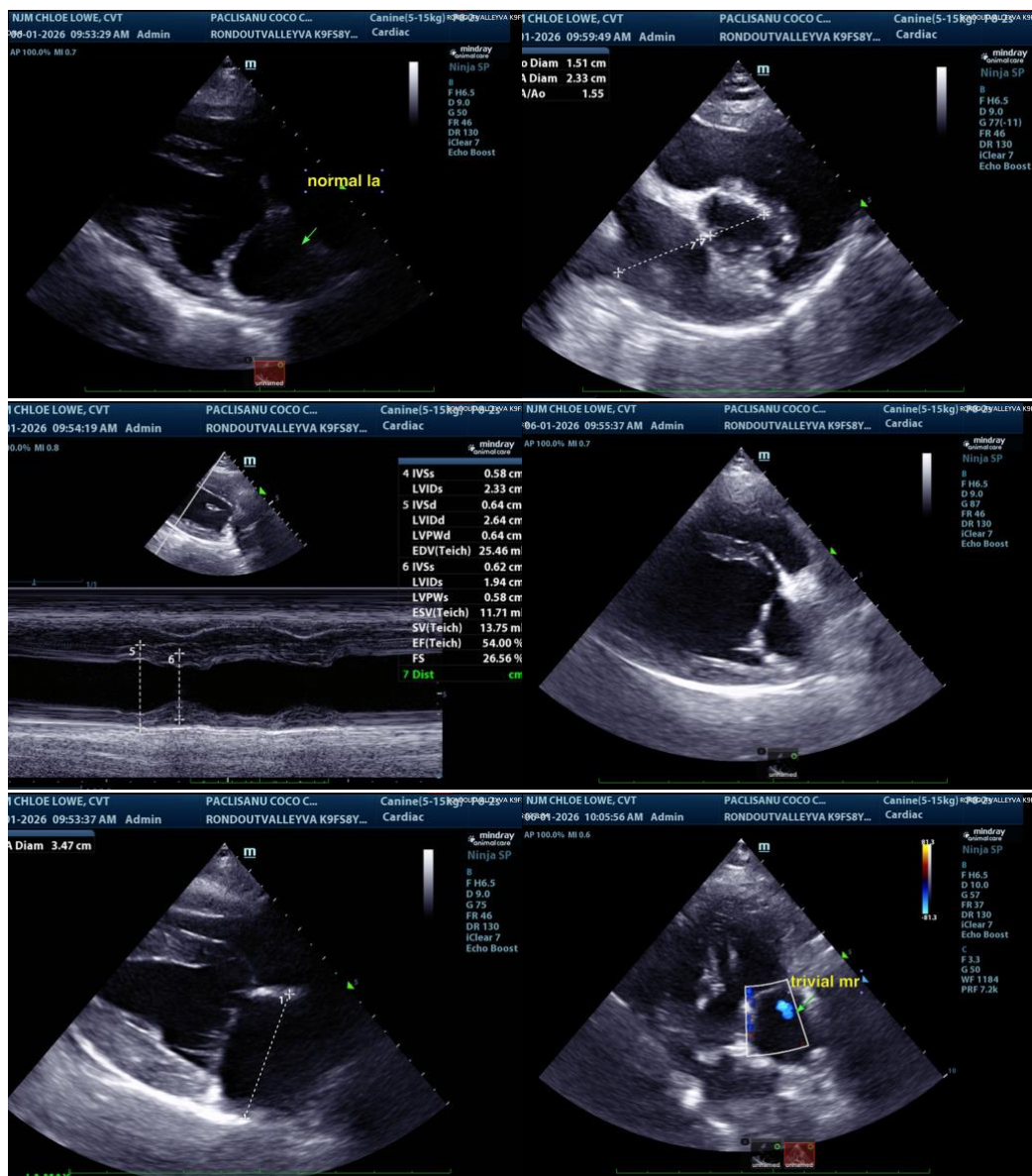
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- Trivial mitral insufficiency
- Periodic arrhythmia
- No evidence of volume overload of pressure overload

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cough is non-cardiogenic in this patient; however, arrhythmia appears to be present. EKG or Holter monitor are indicated. Primary respiratory protocol indicated. The appearance of cardiomegaly may be that the radiograph was taken during an elongated diastole.





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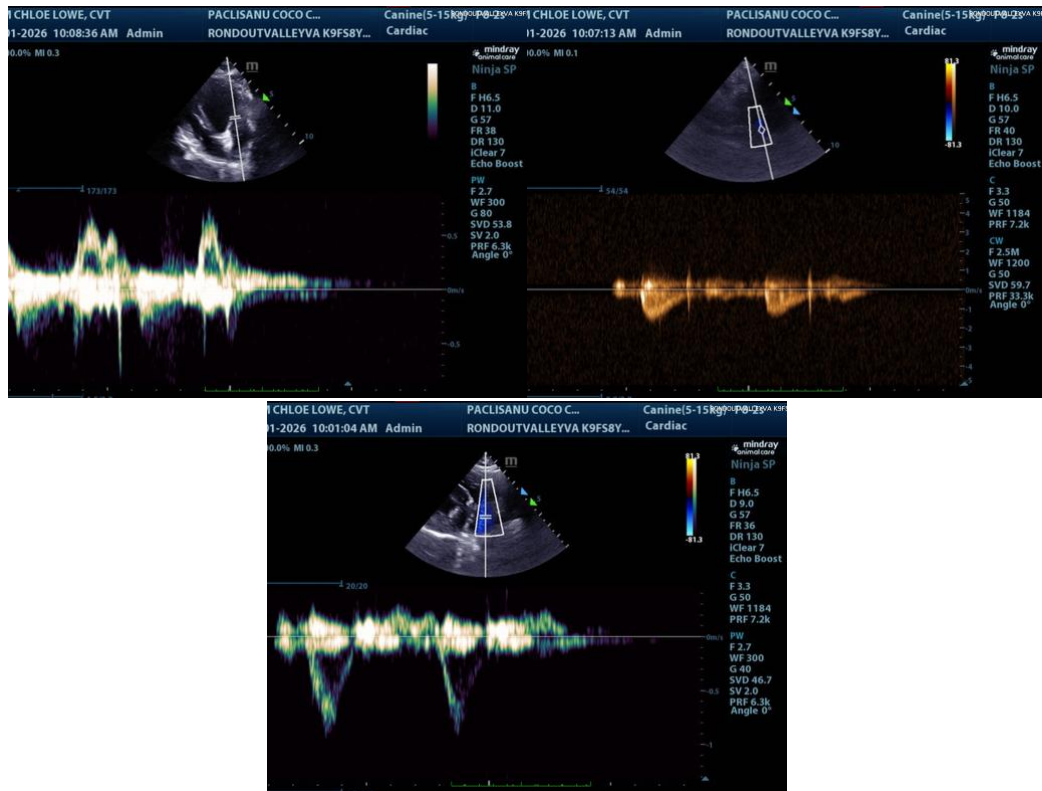
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com