



**PATIENT**

Rudy Moodie

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

17 lbs

**PRESENTING CLINICAL SIGNS**

History: P has history of heart murmur and primary hyperparathyroidism. P is also battling chronic nasal discharge and want to determine if P is a good anesthetic candidate for nasal flush/imaging/biopsy. P is currently on compounded enalapril/Pimobendan solution - 2.5 mg/1.25 mg/mL- 1.5 mL PO BID (enalapril 0.48 mg/kg BID dose/ Pimobendan- 0.24 mg/kg BID)  
Abnormal PE/Chem/CBC/UA Results: Radiographs attached- cardiomegaly, no evidence of CHF  
CBC- WNL Chem- WNL UA- USG- 1.014, no protein, pH- 7.5 BP- not performed Heart murmur- grade 4/6 systolic murmur, no arrhythmias noted Right nasal discharge

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The left atrium is upper limits of normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function. The mitral valve is thickened and redundant consistent with myxomatous changes, but there is no overt mitral regurgitation documented. The tricuspid valve leaflets are subjectively normal with no tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, and appropriate diameter and distensibility. No evidence of hepatic venous congestion is noted. There is no pulmonic and no aortic valve insufficiency documented. There is no visible pericardial, pleural, or free peritoneal fluid noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Christopher Roberts

**HOSPITAL NAME**

Kentown AH

**REFERRING VET**

Dr. Roberts

**INVOICE**

69819

**DATE**

1/5/26

CANINE CARDIAC PARAMETERS	Body Weight kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	7.73	1.4	3.25	1.79	1.38	2.73	1.55
CANINE CARDIAC PARAMETERS	FS	EPSS	PV V MAX (m/s)	AV V Max (m/sec)	MR Vmax	TR Vmax	RPA distensibility (normal >30%)
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	43	0.3	0.8	1.5	NM	NM	36

**ULTRASONOGRAPHIC FINDINGS**

These findings are identify a thickened mitral valve, most consistent with degenerative/myxomatous mitral valve disease. The lack of definitive mitral regurgitation and the minimal to mild hemodynamic effects are most consistent with ACVIM Stage B1 disease. It is unlikely that any current morbidity is of cardiac origin.



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no changes to cardiac therapy are recommended. The current use of Pimobendan/ACE inhibitor may be contributing to the lack of more significant hemodynamic effects, and in the absence of significant adverse effects of the medication, their continued usage is reasonable. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. A recheck echocardiogram is recommended in 6 months.

### Anesthesia considerations:

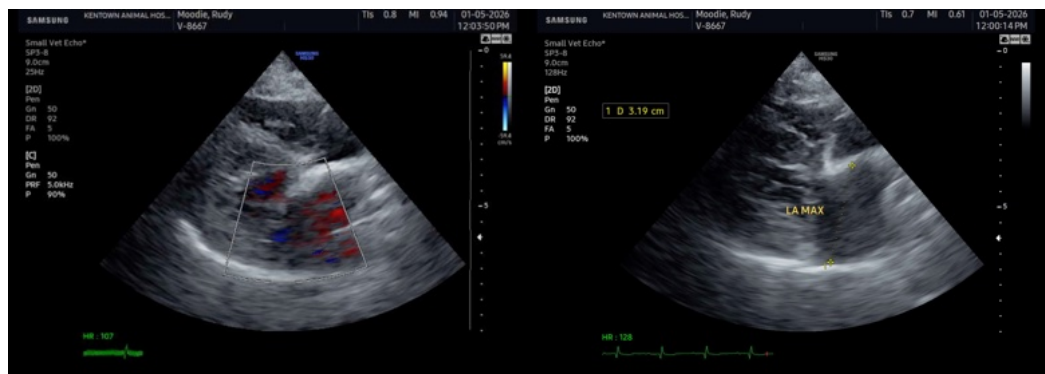
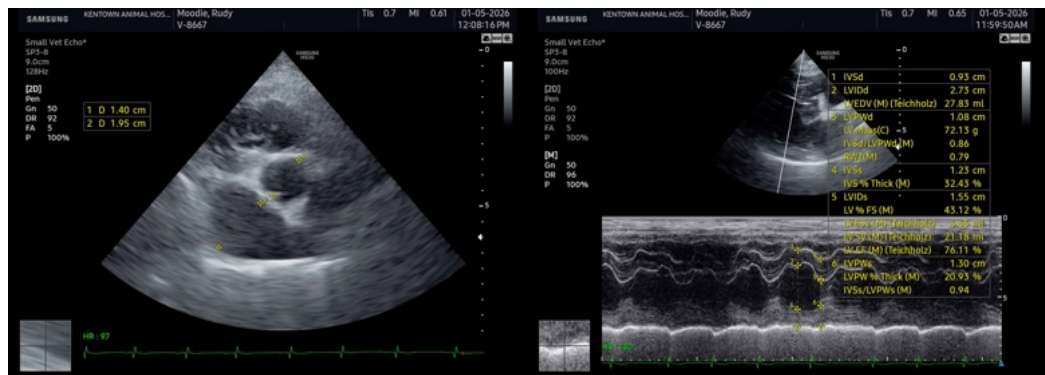
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

### Diet:

A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition is reasonable.

### Activity:

No special considerations are necessary.



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.



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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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)