



## PATIENT

Dude Idol

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

11 years

## WEIGHT

11.55 kg

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Ethan Bloomer

## HOSPITAL NAME

Echosound Veterinary  
Mobile Imaging  
Services

## REFERRING VET

Dr. McLeod

## INVOICE

69896

## DATE

1/6/26

## PRESENTING CLINICAL SIGNS

History: Patient has a history of coughing, labored breathing, and pleural effusion detected recently on radiographs. Patient was started on Cefpodoxime and thoracocentesis was done to remove 344 mL of effusion. The patient was started on Furosemide 12.5 mg BID after this on 12/29/25. Effusion analysis by clinical pathology showed a modified transudate, and they were most suspicious of underlying cardiac disease vs. other causes for the effusion. No murmur is noted in the history. Pleural effusion, labored breathing, coughing, muffled heart sounds, muscle wasting

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are moderately enlarged, with marginal systolic function. The mitral valve is thickened and redundant consistent with myxomatous changes, and there is no significant prolapse. There is evidence of trivial mitral regurgitation. 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. There is no pulmonic and no aortic valve insufficiency identified. There is moderate pleural effusion noted, however pericardial effusion cannot be completely excluded. No free peritoneal fluid documented. No evidence of hepatic venous congestion is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

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	11.55 kg	NM	2.72	1.66	1.14	2.76	1.24
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	55	0.3	0.8	1.2	6.1	NM	NM

## ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects 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 cardiac therapy is recommended. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. If not already performed, baseline thoracic radiographs and blood pressure are recommended. A recheck echocardiogram is recommended in 6 months.

### Anesthesia considerations:

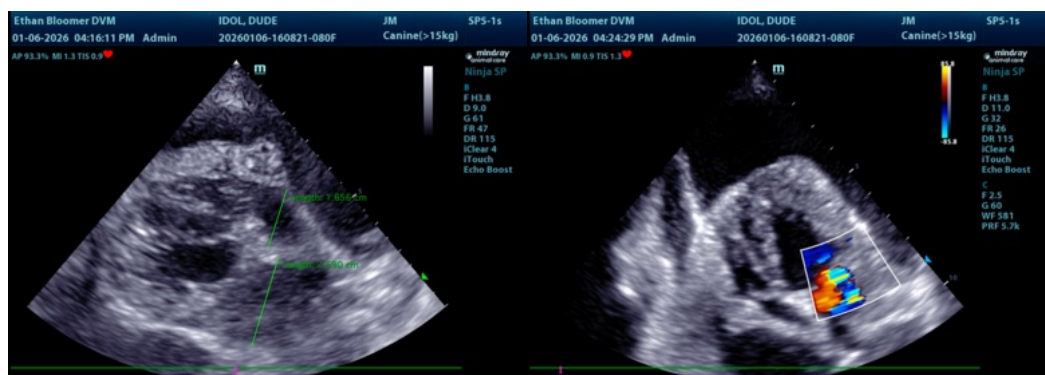
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

### 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.





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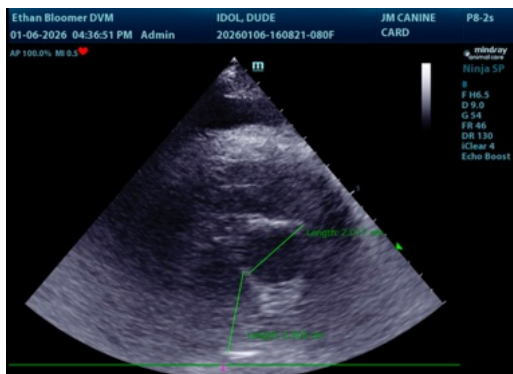
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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