



PATIENT

Buddy Wansbutter

SPECIES

Canine

BREED

Bulldog

SEX

Neutered male

AGE

13 years

WEIGHT

26.1 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Lameg

INVOICE

69090

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: Cough started 2 weeks ago. Was on and off, but is now becoming more consistent. Has had the occasional vomit in the last 2 weeks as well. No history of heart murmur. Radiographs show evidence of pulm edema and have been sent for radiology consult by rDVM..results pending. Started on furosemide and antibiotics (has pyoderma) and 24h later dog has responded positively according to owner.

Abnormal PE/Chem/CBC/UA Results: No heart murmur auscultated. Honking cough with a clicking noise on auscultation. HR was 108 bpm regular with normal pulses. Non-febrile. No tracheal sensitivity. Has a stertor and brachycephalic upper airway noises are present. Breath sounds are equal on hemithorax, heavy panting, breath sounds are loud but I cannot hear crackles. SRR collected at home by owner was 14-16 br/m. MM pink warm moist, CRT <2secs, Attitude BAR. Eating and drinking normally.

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 subjectively normal in dimension and 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 trivial 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 evidence of semilunar valve insufficiency. There is no visible pericardial, pleural, or free peritoneal fluid noted. There is an isoechoic heart base mass in the peri-aortic region that obscures accurate evaluation of the left atrium and pulmonary arteries, especially in the short axis view. The remaining 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	26.1	NM	4.48	3.1	Unable to be obtained	4.22	2.39
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	0.5	1.4	1.0	5.0	2.6	Unable to be obtained



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ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. However, the cardiac chamber size may be affected by the concurrent use of diuretics. There is a sizable heart base tumor seen, which most likely represents a chemodectoma. In many cases, a chemodectoma is clinically silent, and any respiratory signs are more likely related to primary airway disease associated with the breed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is indicated. Consider weaning the diuretic and monitoring for recurrence of signs once antibiotics are finished to better determine which therapy was effective. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. In addition, there is no definitive treatment for a chemodectoma, as these masses are generally not resectable. There may be chemotherapeutic or radiation options available. Surgical intervention may be warranted if/when pericardial effusion is present (which is not in this case). If not already performed, baseline thoracic radiographs and blood pressure are recommended. A recheck echocardiogram is recommended in 6 months.

Anesthesia:

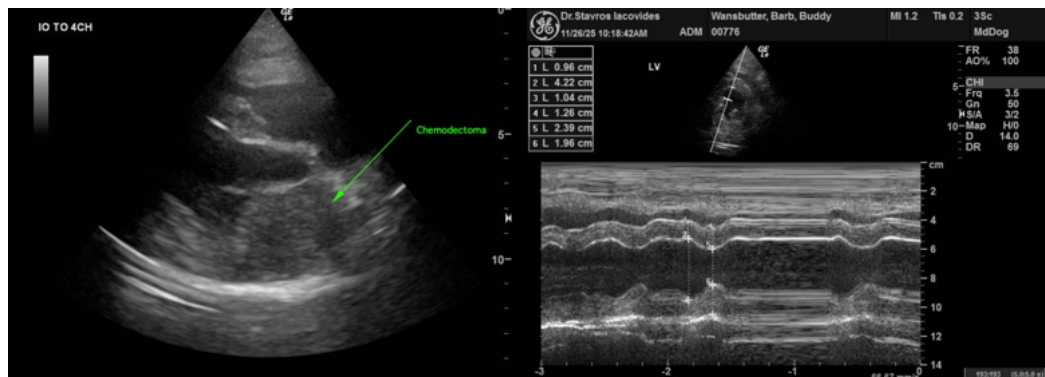
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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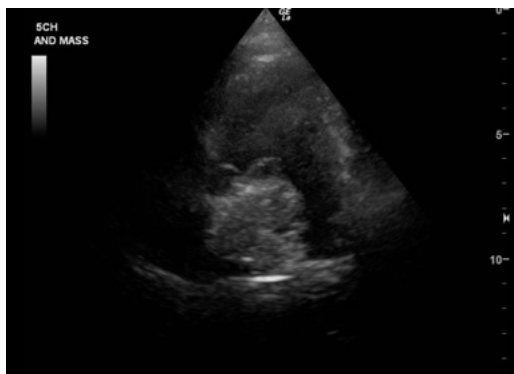
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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