



PATIENT

Vida Zenger

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

3 years

WEIGHT

28 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

Dr. Pochet

INVOICE

72129

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Grade 4/6 murmur, unable to determine PMI. Went into congestive heart failure in September/October of 2025, but did respond well to Pimobendan and furosemide. Currently still taking both.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is normal in dimension, with marginal systolic function. The left ventricular walls are irregular and hypertrophied. The right atrium and ventricle are normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are thickened and irregular with apparent systolic anterior motion. There is no documented mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract evaluation displayed evidence of a subaortic ridge and mildly thickened aortic valve with apparently laminar flow and a normal visible aorta. 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 no visible pericardial, pleural, or 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	12.73 kg	NM	3.55	2.69	1.31	3.39	2.59
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	24	0.5	NM	NM	NM	NM	NM

ULTRASONOGRAPHIC FINDINGS

These findings identify 2D evidence of changes most consistent with aortic or subaortic stenosis with moderate hemodynamic effects. However, there is lack of doppler support for these changes on the current study. The presence of left ventricular hypertrophy with marginal systolic function may support the previous clinical diagnosis of congestive heart failure, despite the lack of significant chamber dilation.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the complexity of the structural cardiac changes in the absence of doppler flow abnormalities noted on this study, a re-examination by a veterinary cardiologist is recommended. Due to the concern for a fixed left ventricular outflow tract obstruction, pimobendan should be discontinued pending further evaluation. With the history of congestive heart failure, an ACE inhibitor (enalapril/benazepril 0.5mg/kg BID assuming normotension and lack of current renal insult) could be added pending additional evaluation.

Anesthesia:

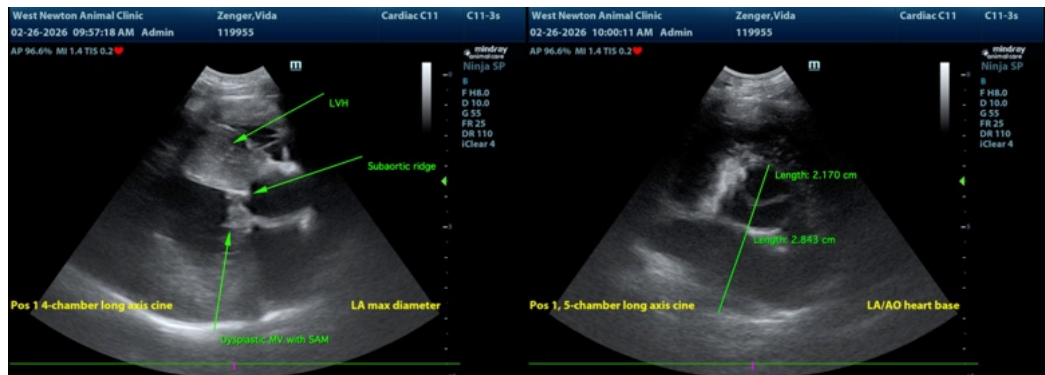
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Pre-medication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

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:

Avoid overly strenuous activity.





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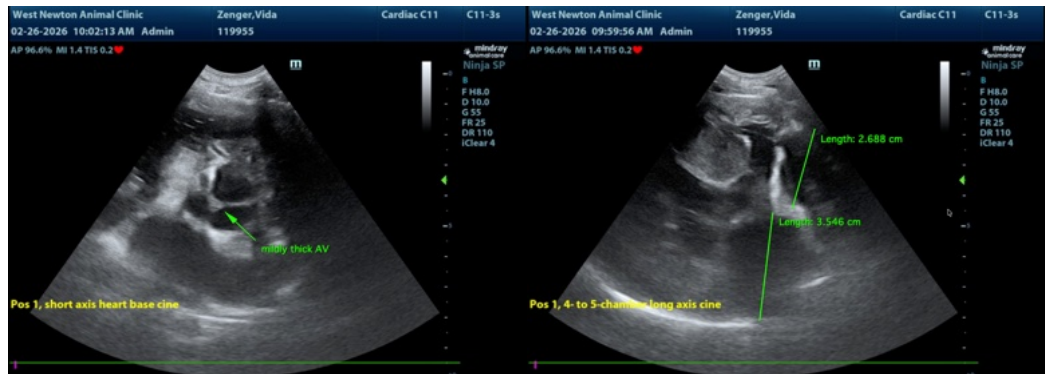
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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