

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Princess Dirubbo Repeat cardiac ultrasound to monitor progress, BP from Nov 2025 on pregabalin 1. 160 2. 175 3. 180 4. 170 5. 172 6. 180 soft heart murmur but tachycardic so difficult to hear •Previous Cardiac ultrasound findings; Sinus tachycardia. • Primarily negatively deflected ECGs. • Mild mitral regurgitation. • Mild increased aortic and pulmonic outflow velocities. Current Medications Benazepril 5 mg - 1 tab BID, optixcare, omeprazole

**SPECIES** Canine

**BREED** Maltese Mix Abnormal PE/Chem/CBC/UA Results: Oct 2025 BUN 11.8 (3.2-11) ALP 421 (5-160) UPCR 1.6 (0-0.2) - restarted Benazepril based on this upcr Urine SG 1.010 Primary Question to Be Answered in This Exam Progression of cardiac disease - any additional medications

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Spayed Female

**AGE** 15 Years

**WEIGHT** 3.9 kg

**INTERPRETED BY** Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

Dr. Ioannou

**INVOICE**

12920

**DATE**

01/02/2026

CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	3.9	180	2.29	1.51	1.19	1.66	0.78
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	53	0.2	2.1	1.8	NM	NM	NM

**Cardiac Presentation**

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 mild 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 evidence of semilunar valve insufficiency. 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.

**ECG**

There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 180-200bpm. The rhythm appears to be sinus in origin (PQ 80ms) with narrow QRS complexes



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(<70ms). There is no atrial or ventricular ectopy and no conduction delay or block identified. The mean electrical axis appears to be within normal limits. This is most consistent with a sinus tachycardia.

**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.

**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:**

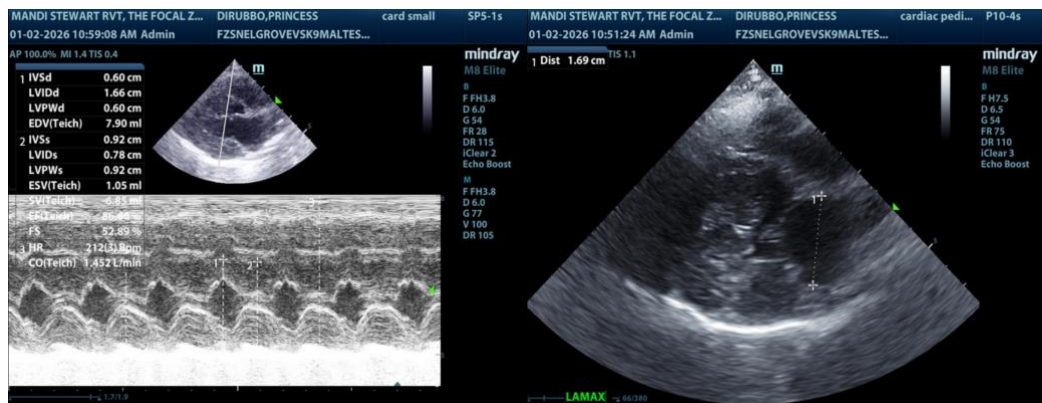
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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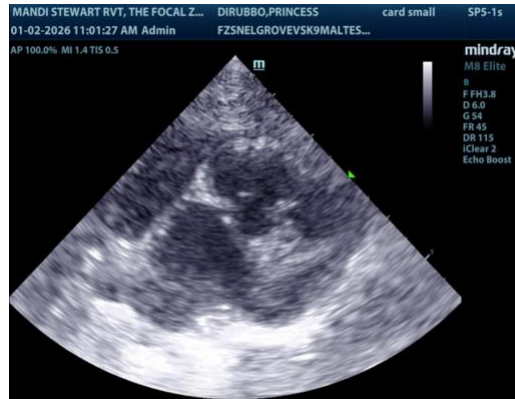
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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