



PATIENT

Harper Milulak

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Spayed female

AGE

11 years

WEIGHT

56.2 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Shohola VH

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

INVOICE

71653

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Echo done in 08/2025 diagnosed with stage B mitral valve disease and history of hypertension.
- Recently blood pressures have increased in spite of therapy and patient consistently remains at a heart rate over 150 at rest.
- Per owner is overall acting off. Eating and drinking normal but less active and not herself
- Higher blood pressure values BP Average: 181/127 HR average: 158 MAP average: 140

ULTRASONOGRAPHIC EXAMINATION

There is a single-lead ECG with mild baseline artifact available for review. The underlying rhythm is regular at an average rate of 170bpm. The rhythm appears to be sinus in origin with narrow QRS complexes. There is no atrial or ventricular ectopy and no atrioventricular block identified. This is most consistent with a sinus tachycardia.

ULTRASONOGRAPHIC FINDINGS

Sinus tachycardias are most commonly a normal physiologic response to systemic disease. It is also possible that this rhythm strip represents a pathologic supraventricular tachycardia, but typically the rates are significantly higher than this rhythm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A high fidelity six lead ECG should be considered to exclude the potential for any premature atrial ectopy. Otherwise, there are no cardiac contraindications to anesthesia if necessary. A 24-48 hour ECG (Holter monitor) may also help to identify the average heart rate at home, while not in the clinic.

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.

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