



PATIENT

Zuri Malone

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

12 Years

WEIGHT

15.2 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dave Stasiuk, RDMS,
RDCS

HOSPITAL NAME

Southpointe PH

REFERRING VET

Southpointe PH

INVOICE

36324

DATE

3/20/26

PRESENTING CLINICAL SIGNS

- GRADE 3/6 MURMUR RIGHT SIDE. Strong sync pulses. wheezing.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	15.2	120	2.89	2.16	1.21	3.18	2.70
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	15	NM	0.7	0.6	NM	2.1	31

Cardiac Presentation

The left atrium is normal in dimension. The left ventricle is normal in dimension with marginal systolic function. The right atrium and ventricle are normal in dimension with normal systolic function. The anterior and posterior mitral valve leaflets are thickened and redundant consistent with myxomatous changes, and there is mild prolapse. There is mild to moderate mitral regurgitation identified. The tricuspid valve leaflets are thickened and redundant, with mild to moderate 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 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.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. The marginal systolic function may be a normal variant for this patient, but it would be important to verify that the owners are not feeding a grain free diet.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. If there is any concern for metabolic/systemic disease, additional testing (complete bloodwork including T4 and resting cortisol, abdominal ultrasound) should be considered. If not already performed, baseline thoracic radiographs and blood pressure are recommended. If the owners are feeding a grain free diet, an immediate diet change would be necessary, and the addition of taurine (50 mg/kg BID) would be appropriate. A recheck echocardiogram is recommended in 6 months.

The following sources for supplemental taurine are recommended:

- Mega taurine caps by Twinlab (1000mg capsule)
- Taurine by Swanson Health Products (500mg capsule)
- Taurine by NOW foods (500mg capsule)
- Taurine 500 by GNC (500mg tablet)

Anesthesia considerations:

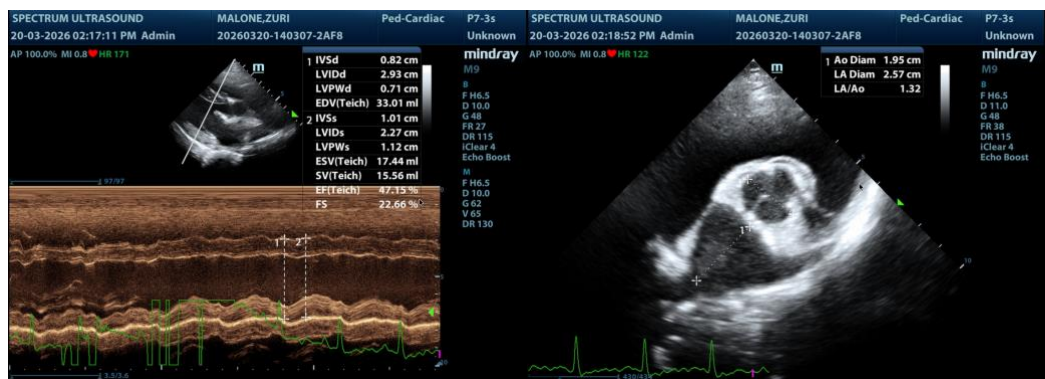
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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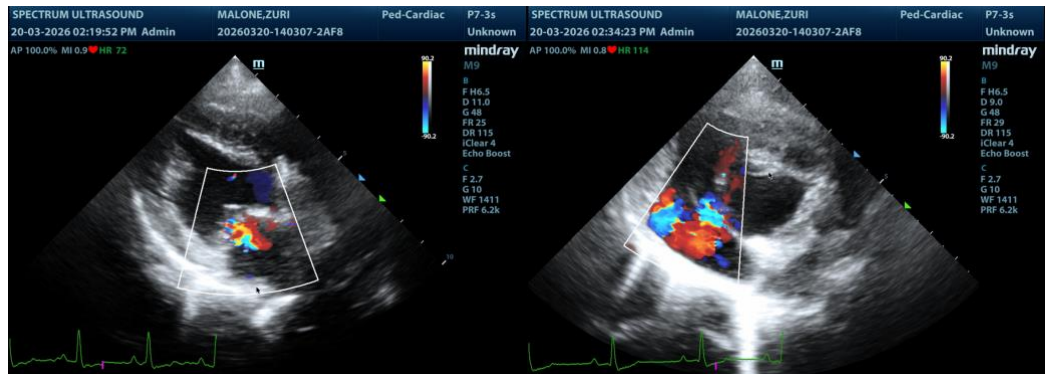
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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