



PATIENT

Mykyta Januskis

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

12 years

WEIGHT

-

PRESENTING CLINICAL SIGNS

History: To evaluate the following condition: Grade III/VI systolic murmur
Historical heart murmur since ~2021. As of 4/7/26 grade III/VI systolic left/sternal murmur. No other clinical signs of cardiac disease. Pending echo results will likely proceed w/ COHAT under GA.
Abnormal PE/Chem/CBC/UA Results: senior labs pending

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium appears normal in dimension. The left ventricle is subjectively normal in dimension and 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 no significant prolapse. There is mild to moderate mitral regurgitation identified. The tricuspid valve leaflets are thickened and redundant, with mild 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, with appropriate main pulmonary artery diameter and right pulmonary artery 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.

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Graham Sager
Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sager Gellerman
DVM

INVOICE

78093

DATE

5/29/26

| 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 | Not provided | 120 | 2.43 | 1.27 | 1.15 | 2.42 | 0.59 |
| 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 | 76 | NM | 1.3 | 1.5 | 5.7 | 2.7 | NM |

ULTRASONOGRAPHIC FINDINGS

Without an accurate bodyweight, canine chamber dimension and systolic function evaluation is made largely on a subjective basis.

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.



PATIENT

Mykyta Januskis

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

12 years

WEIGHT

-

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Graham Sager
Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sager Gellerman
DVM

INVOICE

78093

DATE

5/29/26

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:

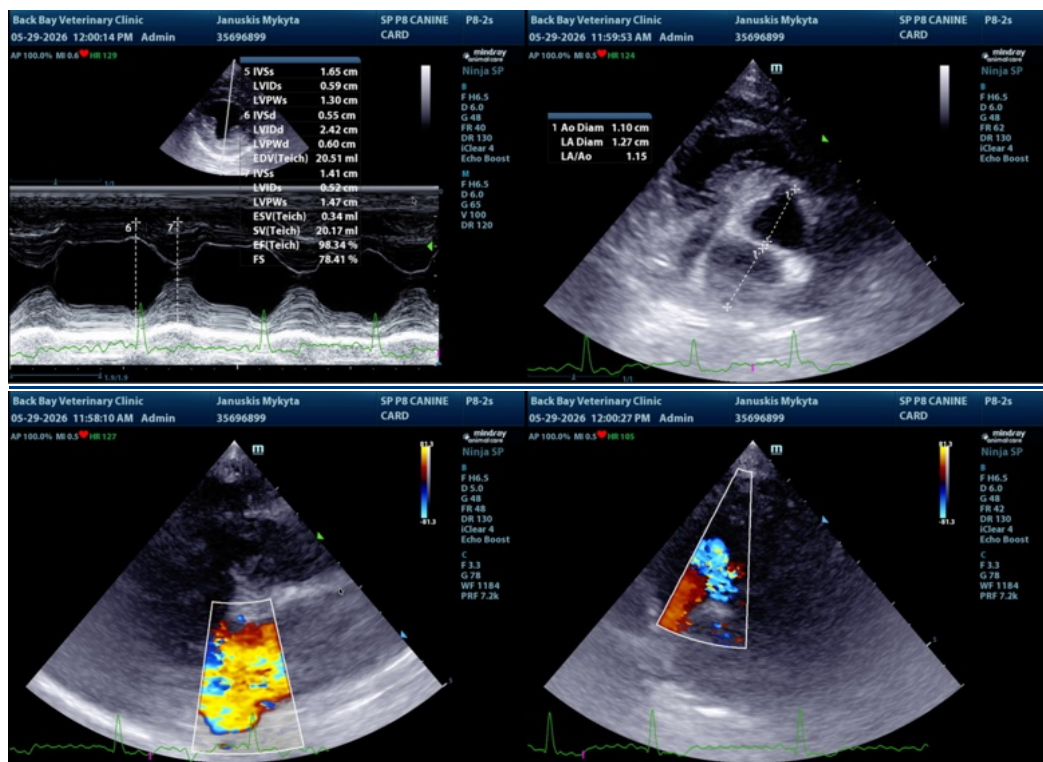
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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.



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