



PATIENT

Sadie Bielecki

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

38.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carla

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hargadon

INVOICE

71365

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Seen 1/28/26 for not eating. Coughing has increased.
- Master problem list: 6/5/25 Stage C1 valvular disease
- LA enlargement - Echo completed on 3/2025
- Renal insufficiency - Iris Stage 2 - 5/2025
- Medications: Lasix 50mg - 1/2 tablet po TID, Enalapril 10mg - 1 tab po SID, Vetmedin 5mg - 1 tab po BID, Trazodone 100mg - admin 1 tab po 2 hours prior to scan, Midazolam 5mg - Admin 0.35ml IV for scan, Torbugesic 10mg.ml - 0.35ml IV for scan
- 2/6/26: BP 72 systolic 6/5/25 + Ap (cbc checked for this wnl) 1/29/26: MCV 58, MCH 20.3, Retic 15.7, BUN 55, ALP 281 2/6/26: BUN 52 Rads attached Echo done on 3/24/2025

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented mild volume overload of the left atrium and left ventricle. Contractility appeared adequate. Mitral and tricuspid insufficiency was persistent. The right atrium and right ventricle were unremarkable. The hepatic veins were mildly dilated. There was no pericardial or pleural effusion. Mild bradycardia appeared to be present.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.0	2.4	1.4	1.7	50	80	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	80	1.9	1.2	38.6 lbs	4.1	3.0	

ULTRASONOGRAPHIC FINDINGS

Heart appears to be compensated at this time with adequate contractility and fairly contained volumes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG is indicated to assess for heart block if not already performed. The cause of anorexia does not appear to be cardiogenic at this time. Diminishing Lasix can be considered in this patient given the azotemia. However, an abdominal sonogram is recommended if not already performed to assess abdominal causes of the anorexia. Orthopedic exam is also indicated to assess for pain related anorexia.



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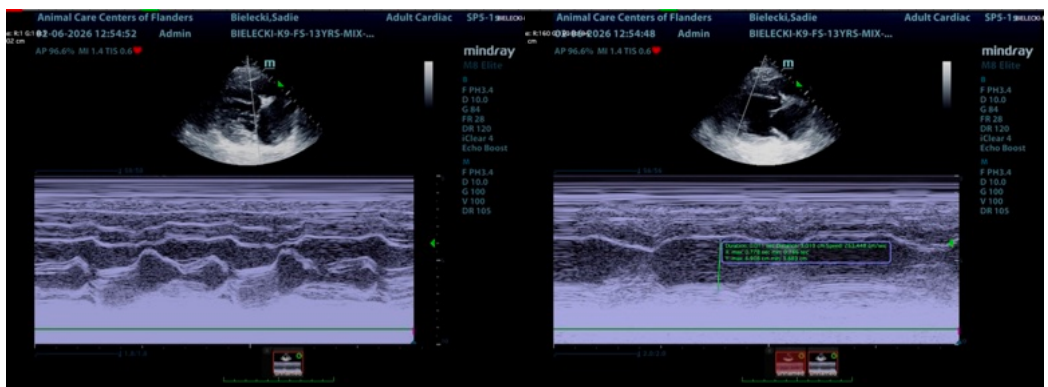
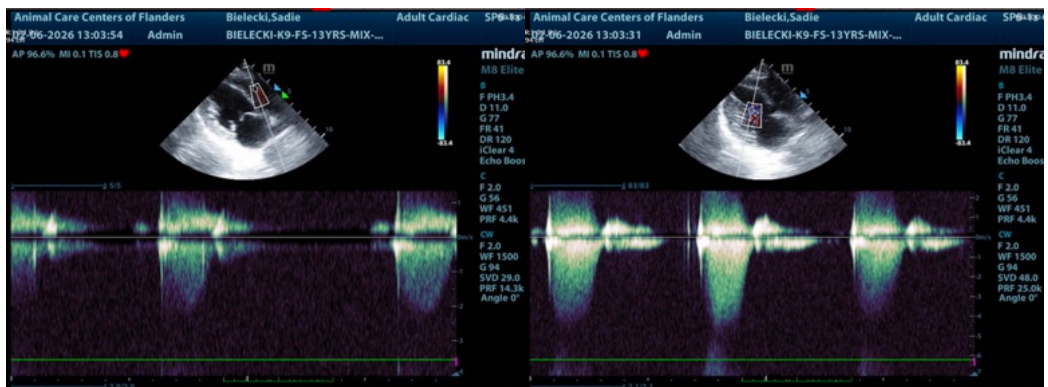
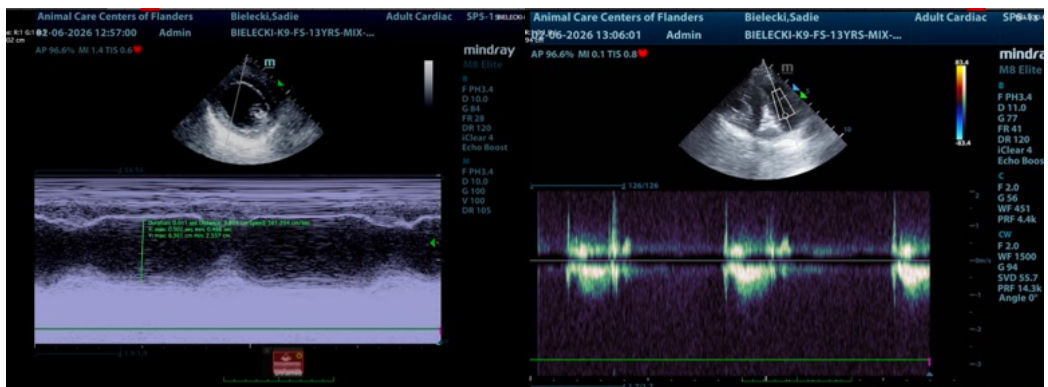
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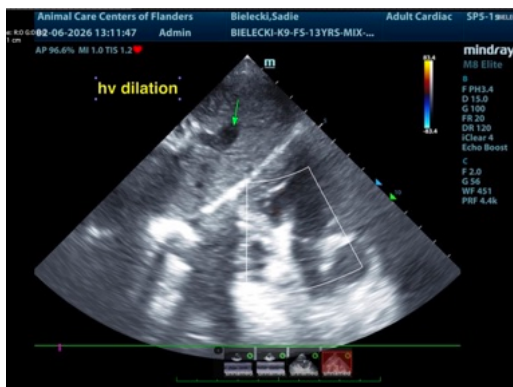
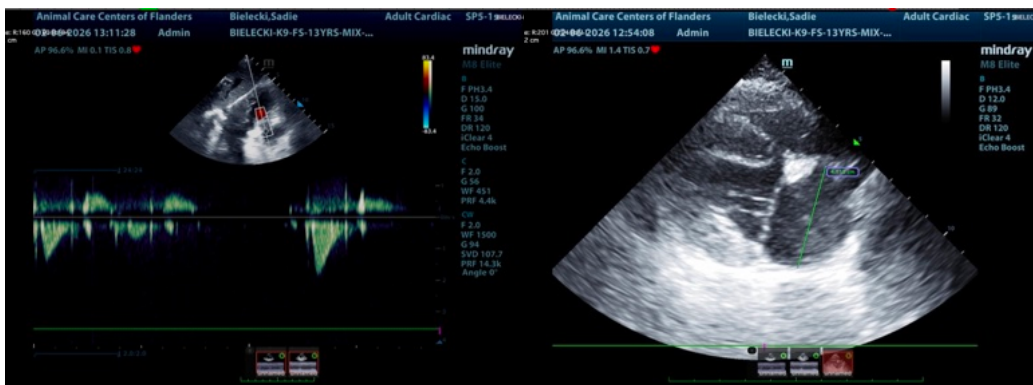
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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