



PATIENT

Remington Corrigan

SPECIES

Ferret

BREED

Ferret

SEX

Male Neutered

AGE

7 years

WEIGHT

3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS, RTR

HOSPITAL NAME

Healthy Paws Forward
Veterinary Hospital

REFERRING VET

Dr. Hen-Boisen

INVOICE

46427

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Cough. Pleural effusion on CXR. Grade 4/6 murmur. Cardiomegaly on CXR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Moderate central mitral regurgitation with severe left atrial dilation. Moderate LV dilation with adequate myocardial function. Increased LV sphericity. The LV wall thickness is mildly increased. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity. Mild right atrial enlargement. Mild RV dilation. The pulmonic valve is normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. Trace pulmonic insufficiency. The aortic valve is mildly thickened with moderate aortic insufficiency. No outflow stenosis noted with normal velocity. Scant pericardial effusion. No pleural effusion. Dilated vena cava noted. No obvious cardiac masses. Irregular tachycardia throughout.

CARDIAC CHART

CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	1.4	NM	0.25	1.8	0.25	44	79
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	2.0	1.3		1.8	1.1	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.
Adapted from June Boon, Veterinary Echocardiography, 1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.*

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely diagnosis in this case is CVD affecting the mitral and tricuspid valves. This is speculative as the valves do not appear overtly abnormal. A primary mitral valve dysplasia or other pathology is possible. Regardless, the left atrium and ventricle are both significantly dilated; however, LV function is intact. The aortic valve is mildly thickened with a significant aortic insufficiency. This is typical of this breed and routine BP monitoring is advised. Finally, an irregular heart rhythm is noted, and an ECG is strongly recommended.

These findings would support a diagnosis of right-sided CHF with tricavitary effusion. Full cardiac support, including Lasix therapy is recommended as below. Consider hospitalization if the patient is or becomes unstable. Thoracocentesis may have to be performed.

Prognosis is poor long term; however, most animals are able to be managed medically for a period of months after diagnosis of CHF.



PATIENT

Remington Corrigan

Monitor breathing rate and effort at home as the best way to screen for recurrent CHF in the future. Patient will be at risk for development of arrhythmias, recurrent congestion and/or sudden death in the future.

SPECIES

Ferret

PLAN

Consider hospitalization is necessary. Institute Pimobendan 0.3mg/kg PO q12h and Lasix 1-2mg/kg PO q12h. Pending BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h. Baseline ECG is recommended.

BREED

Ferret

Monitor renal values and BP in 10-14 days, then every 3-4 months lifelong as able.

SEX

Male Neutered

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

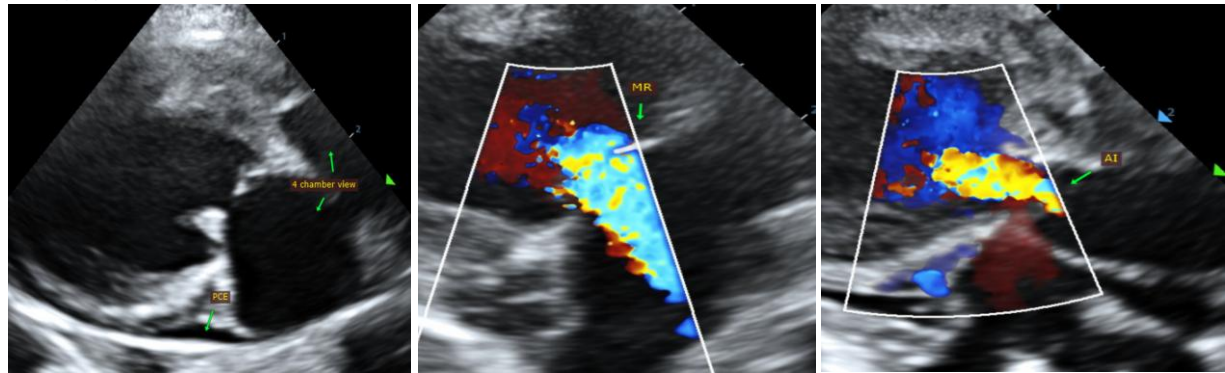
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IMAGES



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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS, RTR

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

HOSPITAL NAME

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