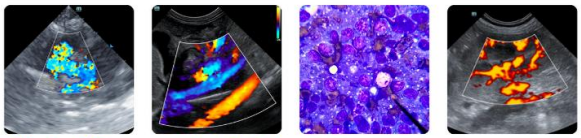


DATE

11.11.25

PATIENT

Blade Ochrymowicz

SPECIES

Ferret

BREED

SEX

MN

AGE

4.4.20

WEIGHT

1.21kg

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Mengers

INVOICE

45704

PRESENTING CLINICAL SIGNS

History: Presented 11/5/25 for dragging hindlimbs. Hx of mildly elevated ALT. Hind end paresis consistent with insulinoma. Grade III/VI heart murmur. BCS 6/9 but has lost weight ATO.
-CXR: cardiomegaly, normal lung patterning, L mid-abdominal mass at level of kidney/adrenal gland, liver tucked under ribcage, no splenomegaly, ingesta in GIT, no skeletal abnormalities
-Pertinent abnormal PE/Chem/CBC/UA Results: CBC/CHEM10/lytes - RBC 12.04 - hct 60% - neut 3.76 - plt 361 (clot in original CBC) - gluc 52 -glob 3.8 - ALT 482
-Current medications: proviable - 1 cap over food q24h #2 packets, clavamox (15mg/kg) - 0.29ml PO q12h x 14 days, lactulose - Mix 15ml of lactulose w/ 5 drops of milk thistle. Give 0.6ml of mix PO q12h prednisone - 0.25ml PO q12h
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

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. Trace mitral regurgitation with no left atrial dilation. Slight LV dilation with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic valve is normal in morphology and mobility. The aortic valve appears normal with mild aortic insufficiency. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	1.2	NM	0.35	1.4	0.35	35	68
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE (Swe)** (Abbott)	**LA** 2D short axis Base view (cm) (Abbott)		**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	1.3	0.8		1.5	1.1	NM

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 only abnormalities identified are trace MR and AI. Aortic insufficiency is common in this species and routine BP monitoring is advised. The LA and LV are essentially normal, suggesting neither are hemodynamic significant. No additional issues are seen.

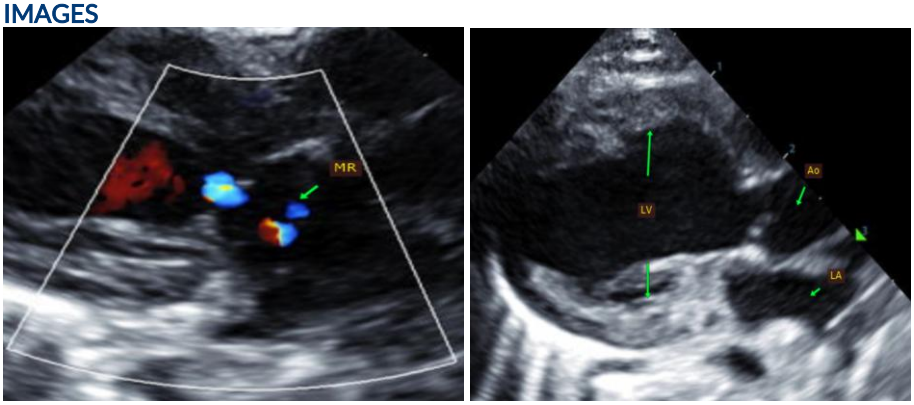
These findings do not explain cardiomegaly on CXR. A normal variant is possible; however, serial monitoring is recommended.

Given these findings, certainly no cardiac medications are indicated. Prognosis is open.

Monitor for development of labored breathing, exercise intolerance or collapse episodes.

Recommend conservative monitoring with a recheck echocardiogram in 1 year, sooner if any development of clinical signs.

IMAGES



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.

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com