

**PATIENT**

Mojo Pinto

PRESENTING CLINICAL SIGNS

History: Presented coughing and intermittent lethargy. Radiographs show interstitial infiltrates, unresponsive to antibiotics.

SPECIES

Ferret

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. Trivial mitral regurgitation with mild left atrial dilation. Mild LV dilation with mildly depressed 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 and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious pulmonic insufficiency. Mild aortic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

BREED**SEX**

Male Neutered

CARDIAC CHART**AGE**

4 years

WEIGHT

3.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	1.6	NM	0.32	1.5	0.36	33	60
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	1.5	0.9		1.2	0.94	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.

IMAGING PERFORMED BY

Kim Liedberg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is mild left heart enlargement with mild systolic dysfunction. This may suggest an early form of dilated cardiomyopathy in this predisposed species. Follow up is advised to assess for progression. A mild aortic insufficiency is noted, which is also common in this breed. If possible, a baseline BP is recommended. No significant valve leaks are noted, and no additional issues identified.

HOSPITAL NAME

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Given these findings, the cough is unlikely to reflect congestive heart failure; however, CHF is a radiographic diagnosis that can only be supported by ultrasound. Consider a Radiologist review of the films if there is any question on pathology.

REFERRING VET

Dr. Bloss

Assessment of progression in the future will help predict long term prognosis, which is guarded at this stage. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

INVOICE

28718

DATE

2/1/23

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Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Baseline BP is recommended if possible. Consider Radiologist review of the films.

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

SEX

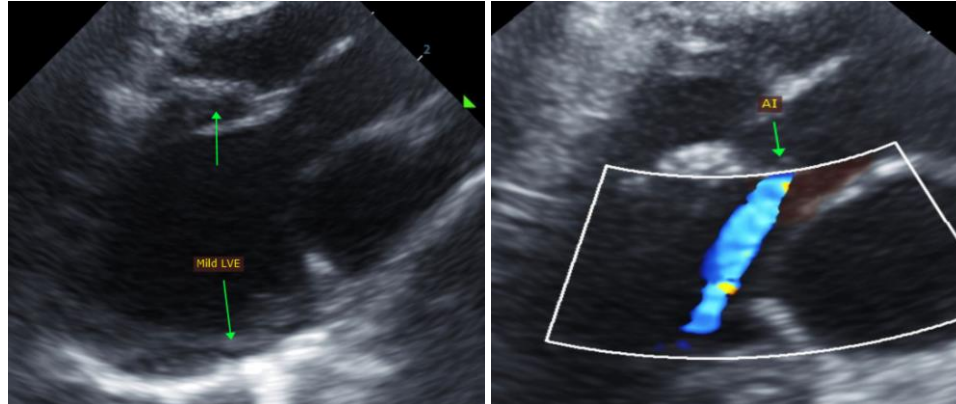
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DVM, DACVIM
(Cardiology)

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

Kim Liedberg

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

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Bloss

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