



DATE **CLINICAL BACKGROUND & STUDY DETAILS**

3.24.26

PATIENT

Ruby Mclean

SPECIES

Ferret

BREED

SEX

FS

AGE

2.26.19

WEIGHT

1151 grams

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Heydt

INVOICE

47282

History: Presented on 2/24/26 for exam and second opinion heart disease. rDVM saw p 1-2 weeks prior for wheezing. Radiographs revealed an enlarged heart and suspected tricuspid regurgitation. Started on Lasix (10mg/ml) - 0.2cc BID until wheezing resolved and then maintain on furosemide 0.2cc PO SID. O notes wheezing has resolved and p otherwise doing well. On exam, no audible murmur or arrhythmia noted; no wheezing, coughing, or elevated RE or RR noted. Rest of exam was WNL.

Current medications: Furosemide (10mg/ml) - Give 0.2cc PO SID

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. Moderate mitral regurgitation with severe left atrial dilation (LA:Ao >2.0). Mild LV dilation with increased sphericity. Mild decline in 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. Normal pulmonic outflow velocities with laminar flow. No obvious pulmonic insufficiency. Mild thickening of the aortic valve with mild to moderate aortic insufficiency. No outflow stenosis noted with normal velocity. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

CARDIAC PARAMETERS	BODY WEIGHT (grams)	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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	1151	NM	0.32	1.5	0.35	41	76
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	1.5	1.0	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

Chronic degenerative valve disease is suspected with significant mitral regurgitation and aortic valve insufficiency. The former is causing LA and LV dilation and mild systolic dysfunction is noted. The severity of the findings would suggest CHF is the likely cause of reported respiratory signs.

Continued supportive therapy with Lasix is recommended at BID dosing, as well as an ACE for vasodilation and RAAS inhibition if able. Pimobendan would also be reasonable in this case (off label use).

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

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.

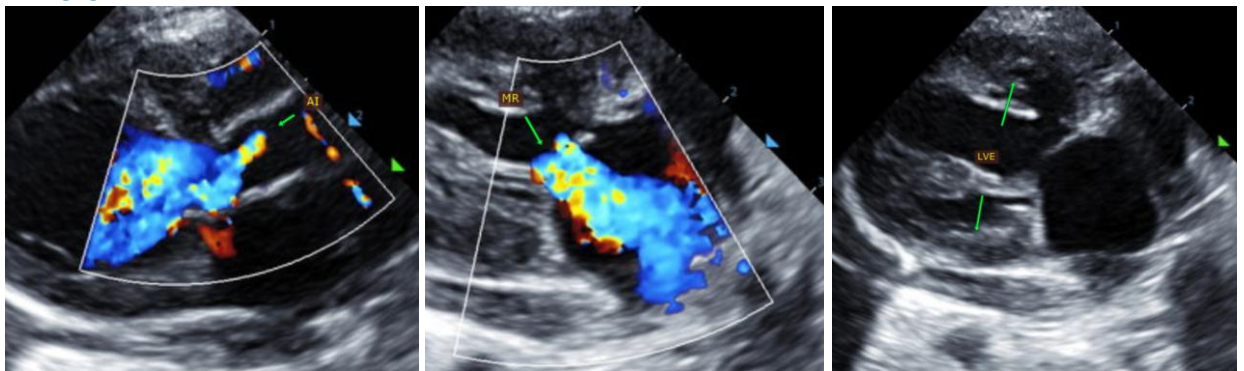
PLAN

Continue Lasix at BID dosing. A baseline BP is recommended if able. Institute Benazepril and Pimobendan BID as discussed.

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

Recommend conservative monitoring with a recheck echocardiogram in 6 months, 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.

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