



**DATE CLINICAL BACKGROUND & STUDY DETAILS**

4.10.26

**PATIENT**

Grizzle Bear Murphy

**SPECIES**

Ferret

**BREED**

**SEX**

MN

**AGE**

3.17.20

**WEIGHT**

1140grams

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Gold

**INVOICE**

47525

**History:** Hypocalcemia. Insulinoma. Grade 3/6 murmur.

**Current medications:** Prednisone susp 3mg/ml 0.3cc BID, Omeprazole 0.7mg SID.

**Sedation used:** Not required to complete full diagnostic ultrasound.

**Pertinent previous ultrasound results:** No previous.

**STAT:** Declined at this time.

**Imaging performed by:** Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Moderate to severe left ventricular dilation with a decline in systolic function. Subjectively decreased LV wall thickness with increased LV sphericity. Severe left atrial enlargement. The mitral valve appears mildly thickened; no obvious prolapse into the left atrial lumen. Severe mitral regurgitation. Normal velocity. No right atrial or ventricular dilation. No TR. No aortic insufficiency. Normal aortic outflow velocity. Trivial pericardial effusion noted in some views. No obvious pleural effusion. No obvious cardiac tumors. Tachycardia with suspect arrhythmia noted throughout.

**CARDIAC CHART**

CARDIAC PARAMETERS	BODY WEIGHT (g)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	1140	270	0.30	1.5	0.34	29	60
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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	2.0	1.2		1.0	0.6	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 most significant finding is severe MR, with LA/LV dilation and LV dysfunction. This reflects a primary valve issue with concurrent LV dysfunction. Regardless, there is severe LA enlargement, indicating there may be risk for complication going forward. Trivial pericardial effusion is suspected, which may reflect early decompensation. There is great concern for an arrhythmia in this case and an ECG should be obtained.

Given these findings, full cardiac supportive medications is recommended going forward, even without reported clinical signs. Monitor for any signs or concurrent congestion going forward.

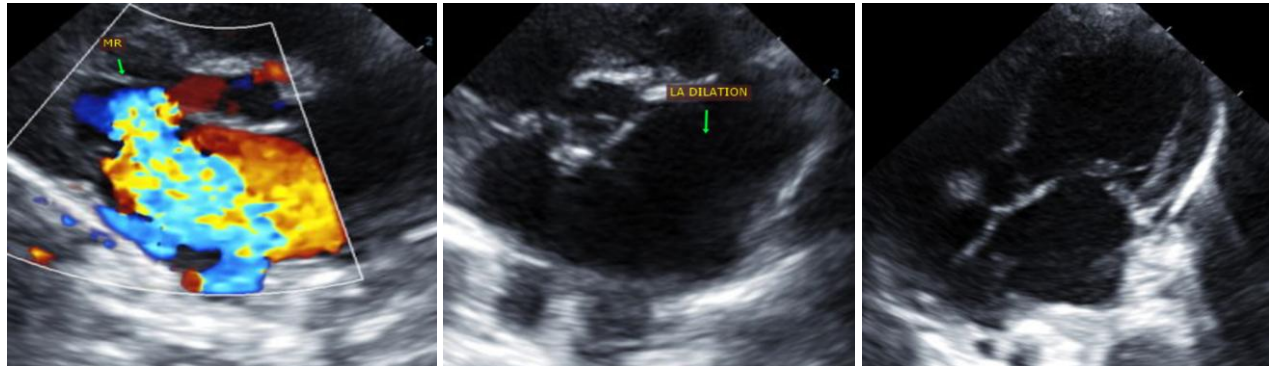
Prognosis is guarded to poor, with high risk for recurrent CHF, arrhythmias and or sudden death.

#### **PLAN**

An ECG is strongly recommended. Administer Lasix 1-2mg/kg PO q12h. Administer Pimobendan 0.25mg/kg PO q12h. If possible, reassess kidney values, BP, HR and fluid status in 1-2 weeks.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if issues arise in the interim.

#### **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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