



DATE **CLINICAL BACKGROUND & STUDY DETAILS**

4.10.26

PATIENT

Jackson Winchester
Johnson

SPECIES

Ferret

BREED

SEX

MN

AGE

4.14.20

WEIGHT

3.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Chadwall AH

REFERRING VET

Dr. Gold

INVOICE

47526

History: Presented 1/21/26 for cough. Mildly tachypneic and no murmur but muffled heart sounds on PE, quiet lung sounds. CXR showed atelectic caudal lung lobes (L>R), significant pleural effusion w/ loss of cardiac silhouette. Started on Lasix and doxycycline x 14 days. Repeat rads on 1/23 showed improvement. Doing well w/ quiet lungs and significantly improved CXR (very minimal cranial pleural effusion) when meds discontinued on 2/6 but increased respiratory rate on 2/25. On PE, lung crackles. Recheck rads showed significant pleural effusion (R>L) again. Doxycycline continued and Baytril added x 21 days. Repeat rads on 3/20 showed somewhat improved but lingering pleural effusion. Abx stopped temporarily while Lasix continued. Rads on 3/27 showed stable condition but RR worsened and rads on 4/3 showed significant pleural effusion w/ loss of cardiac silhouette again, lung crackling and tachypneic but no heart murmur.

Pertinent abnormal PE/Chem/CBC/UA Results: 1/21/26 *istat: WNL. *CBC/CHEM10: tp 7.4, glob 3.9 *
Current medications: 1/21 - Doxycycline (10mg/kg) - 0.76ml (20mg/ml) PO q12h x 21 days, Furosemide (2mg/kg) - 0.31ml (10mg/ml) PO q12h (continued to present). 2/25 - Baytril (5mg/kg) - 0.72ml (10mg/ml) PO q12h x 21 days, Doxycycline (10mg/kg) - 0.76ml PO q12h x 14 days #25ml. 4/3 - clavamox (15mg/kg) - 0.36ml (62.5mg/ml) PO q12hh

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.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

Significant cardiomegaly; concern for CHF.

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. Significant LV dilation with increased sphericity. Moderate decline in myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Moderate right atrial enlargement. Moderate RV enlargement. The pulmonic valve is normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. No obvious pulmonic insufficiency. The aortic valve appears normal with no aortic insufficiency. Normal velocity. Scant pericardial and pleural effusion noted. No obvious cardiac masses.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	1.4	280	0.38	1.6	0.32	28	58
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	2.5	1.6		0.9	0.7	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

Four chamber dilation and dysfunction is identified. The left heart is more affected than the right; however, the overall impression is of severe disease. Moderate MR and mild TR are also identified. Whether this reflects a primary DCM or dysfunction is secondary to valve disease could be argued; however, the differentiation is purely academic. An ECG is recommended as an ECG is suspected.

These findings support a cardiac origin of pleural effusion is likely and continued therapy for CHF is suggested as below. Continued Lasix as addition to cardiac support is recommended as below. Prognosis is guarded to poor long term; however, most animals are able to be managed medically for a period of months after a 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.

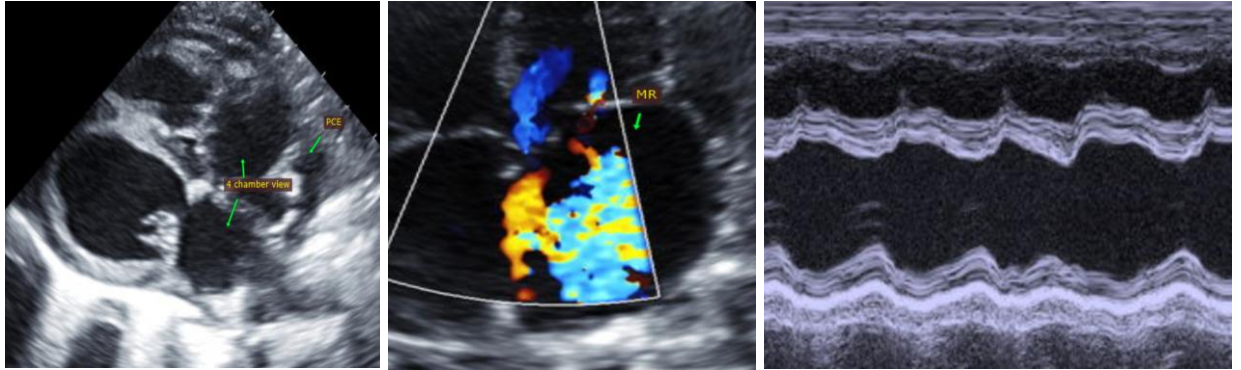
PLAN

Continue Lasix 1-2mg/kg PO q12h. If able, institute Pimobendan 0.2mg/kg PO q12h. If able, institute ACE-I 0.5mg/kg PO q12h. Baseline BP and ECG are recommended.

Recheck renal values and BP 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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