

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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PATIENT

Ron WMAFO

SPECIES

Ferret

BREED

SEX

Male Neutered

AGE

12.30.15

WEIGHT

1.4kg

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Warm & Fuzzy
Veterinary

REFERRING VET

Dr. Urie

INVOICE

23905

DATE

4.26.22

PRESENTING CLINICAL SIGNS

History: Grade 3 HM, irregular heartbeat on physical exam. Insulinoma. Recently surrendered to rescue.
 -Pertinent abnormal PE/Chem/CBC/UA Results: Hypoglycemia. 12/30/21
 -Radiographs: Mild cardiomegaly, patchy perihilar alveolar pattern.
 -Current medications: Pimobendan 2.5mg/mL 0.15mL BID for maintenance, Prednisolone 3mg/mL 0.5mL BID, Furosemide 10mg/mL 0.15mL BID for maintenance.
 -Sedation used: Not required to complete full diagnostic ultrasound.
 -Pertinent previous ultrasound results: No previous.
 -STAT: Not requested
 -Imaging performed by: Andi Parkinson, RDMS.

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. Moderate left atrial enlargement. The mitral valve appears mildly thickened; no obvious prolapse into the left atrial lumen. Mild to moderate mitral regurgitation. No right atrial or ventricular dilation. No TR. Mild to moderate aortic insufficiency. Normal aortic outflow velocity. Trivial pericardial effusion noted in some views. No obvious pleural effusion. No obvious cardiac tumors. Tachycardia noted throughout.

CARDIAC CHART

CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (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	308	0.25	1.9	0.28	35	68
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	1.5	1.0	1.3	NM	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 LV dilation with a decline in systolic function. There is also significant MR and the diagnosis of DCM versus valve disease could be argued in this case. Regardless, there is moderate LA enlargement, indicating there may be risk for complication going forward. Finally, scant pericardial effusion is noted, which is concerning for CHF.

Given these findings, recommend continuing cardiac supportive medications, even without reported clinical signs, as below. Monitor for any signs or concurrent congestion going forward.

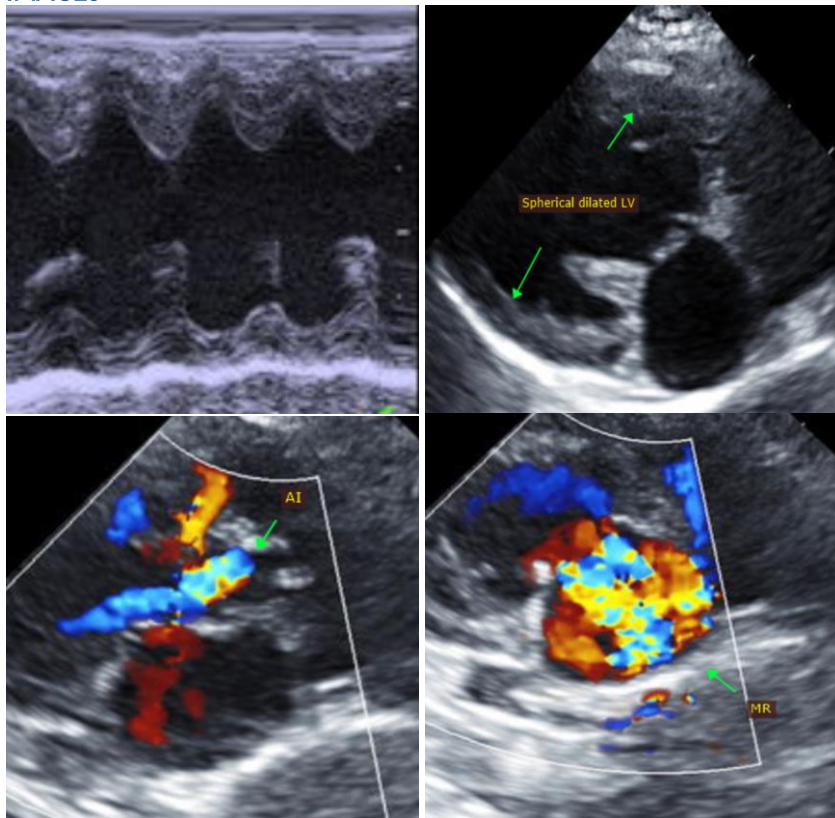
Prognosis is guarded to poor, with high risk for recurrent CHF, arrhythmias and or sudden death. Tachycardia is noted throughout the study and arrhythmia noted on exam, an ECG is strongly recommended.

PLAN

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. An ECG is strongly recommended.

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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