



PATIENT

Sir Woodard

SPECIES

Ferret

BREED

SEX

Male Neutered

AGE

5 years

WEIGHT

1.45kg

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Warm & Fuzzy
Veterinary Center

REFERRING VET

Dr. Urie

INVOICE

20723

DATE

8/24/21

PRESENTING CLINICAL SIGNS

History: Arrhythmia - new – bradycardia, Pet has been lethargic recently, Adrenal gland disease, Insulinoma.

-Radiographs: Subjective cardiomegaly, possible perihilar mass, severe splenomegaly.

-Current medications: Prednisolone 0.4mL (1.2mg) PO q12h.

-Sedation used: Sedation not required for scan.

-STAT: Not requested

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. No mitral regurgitation with normal left atrial dimension. No LV dilation with adequate myocardial function. LV wall thicknesses are normal. 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. The aortic valve is mildly thickened. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious pulmonic insufficiency. Mild to moderate aortic insufficiency (PHT: 2.75). No pericardial or 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	1.45	244	0.33	1.0	0.33	31	64
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	1.1	0.6		1.1	0.92	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

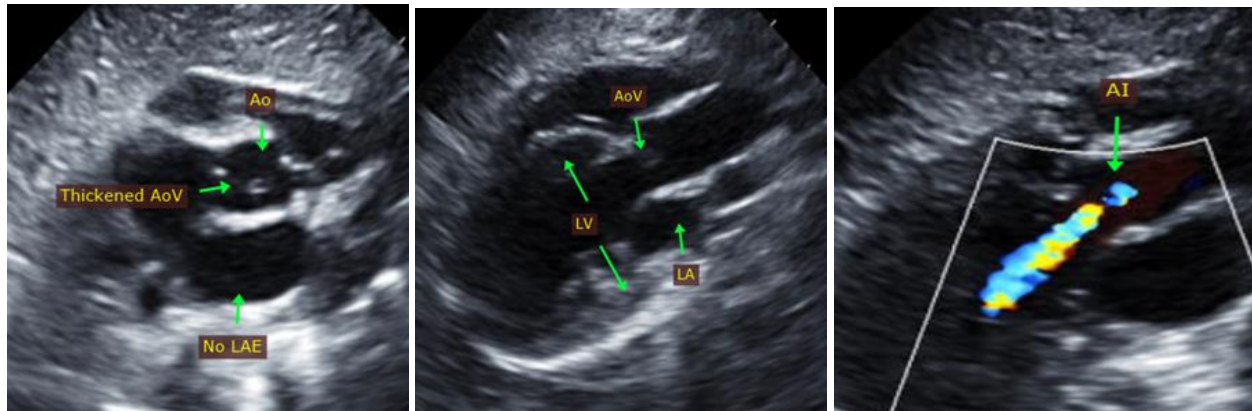
The only abnormality identified is a mild to moderate aortic leak. The valve is mildly thickened, and this likely reflects primary valve degeneration. Systemic hypertension should be ruled out as a contributing factor if possible. Regardless, there is no secondary LV dilation present and the remainder of the cardiac structure and function is normal. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

Given these findings, no cardiac medications are clearly indicated. Bradycardia is noted on the exam (heart rate: 244bpm on echo), and a baseline ECG may be warranted given the risk for AV block and other arrhythmias in this species. Prognosis is open at this time. Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

Pending ECG assessment, 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.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any additional signs arise.

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.

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

Email: info@sonopath.com