

PATIENT
Beethoven Gallagher

PRESENTING CLINICAL SIGNS

History: Arrhythmia; no heart murmur. No further clinical signs.

SPECIES
Ferret

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 210bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

BREED
Mustelid

ECG diagnosis: Normal sinus tachycardia.

SEX
Male Neutered

*A video of an anesthesia monitor is included from the initial exam when the arrhythmia was first heard. The heart rate is significantly slower than is reflected here with frequent single VPCs throughout.

ECG diagnosis: Intermittent bradycardia with isolated VPCs.

AGE
6 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with mild myocardial dysfunction. The LV wall thicknesses are normal. There is a mildly hyperechoic endocardium.

WEIGHT
1420g

Left atrium: The left atrium appears mildly dilated.

Mitral valve: The mitral valve is normal in structure and mobility. Trivial MR.

Aortic valve/aorta: The aortic valve is mildly thickened. Normal aortic outflow velocity; laminar flow. Trivial aortic insufficiency.

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium appears mildly dilated.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trivial pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

2-Dimensional Measurements

Ao diam (cm)	0.7
LA diam (cm)	0.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.35
LVID diastole (cm)	1.1
PW thickness (cm)	0.35
LVID systole (cm)	0.9
FS (%)	24

Doppler Measurements

PV Vmax (m/s)	0.60
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

HOSPITAL NAME
Wignall Littleton
Hospital

REFERRING VET
Dr. Brooks

INTERPRETATION OF THE FINDINGS

The primary abnormality identified is mild LV dysfunction. While relatively significant, there is no LV dilation. Early DCM is possible and follow up is advised. The LA is mildly enlarged, indicating low risk for complication. A small aortic leak is appreciated, which is hemodynamically insignificant. No additional issues are identified.

INVOICE
26509

DATE
9/22/22

The arrhythmia is unusual given the intermittent nature. The ECG in hospital at the time of exam is normal; however, the prior ECG showed an irregular bradycardia with frequent VPCs. It is difficult to be more definitive based off a video evaluation and a repeat ECG is



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recommended, particularly if the arrhythmia is consistently ausculted in the future. Bradyarrhythmias are relatively common in ferrets, such as AV block and may be developing. Consider systemic evaluation to assess for possible underlying causes of VPCs. At least based upon what is seen here, no treatment is advised at this time.

SPECIES
 Ferret

Prognosis is guarded prior to screening for progression in the future.

BREED
 Mustelid

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Consider repeat ECG evaluation if the arrhythmia is ausculted in the future.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Anesthesia is not advised until the bradyarrhythmia is assessed.

SEX
 Male Neutered

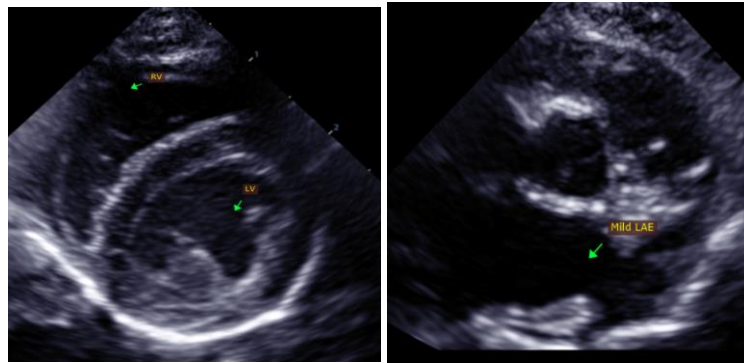
PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression.

AGE
 6 years

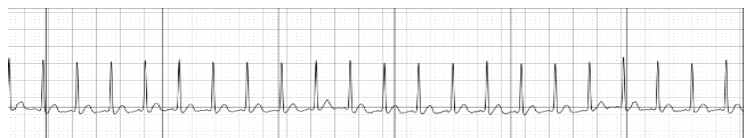
IMAGES

WEIGHT
 1420g

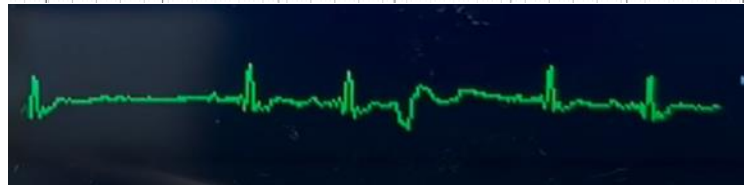


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 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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 Pamela Harrigan,
 RDCS



HOSPITAL NAME
 Wignall Littleton
 Hospital



REFERRING VET
 Dr. Brooks

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.

INVOICE
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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.

DATE
 9/22/22

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