



**PATIENT**

Scrapy Cinque

**SPECIES**

Mustelid

**BREED**

Ferret

**SEX**

Neutered Male

**AGE**

5 Years 6 Months

**WEIGHT**

2.7 lbs

**INTERPRETED BY**

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Harmony Animal  
Hospital

**REFERRING VET**

Dr. Gruber

**INVOICE**

74228

**DATE**

4/6/26

**PRESENTING CLINICAL SIGNS**

Cardiac disease suspect. Previous history of respiratory distress. Lasix, Benadryl, vetmedin

Abnormal PE/Chem/CBC/UA Results: Pending

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
PATIENT	1.23	240	0.37	1.45	0.34	18	41
CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
PATIENT	NM	2.54	1.54		NM	NM	NM

Adapted from June Boon, Veterinary Echocardiography, 1998  
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

**Cardiac Presentation**

The left atrium is moderately to severely enlarged. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is mild to moderately enlarged with normal wall thickness, and no evidence of restriction. Left ventricular systolic function is reduced. The right atrium and ventricle are prominent with adequate systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, and extension in systole. The mitral valve annulus is dilated and there is a central jet of moderate mitral regurgitation. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of semilunar valve insufficiency or pulmonary hypertension documented. There is no pericardial, pleural, or free peritoneal fluid noted. Numerous B-lines are identified within the pulmonary parenchyma.

**ULTRASONOGRAPHIC FINDINGS**

These findings identify reduced left ventricular function in the setting of an enlarged left ventricle. Intrinsic myocardial dysfunction (ie DCM) is a concern. Other possibilities, including primary valve disease with secondary ventricular changes or myocardial depressant effects of systemic disease, must also be considered. Given the degree of chamber enlargement and recent B-lines, congestive heart failure is a likely explanation for the clinical signs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for CHF is recommended, to include Lasix (2mg/kg BID), enalapril (0.5mg/kg q24, assuming normal BP and kidney function), and Vetmedin (0.25-0.35mg/kg BID). A repeat chest X-rays, chemistry, and BP is recommended prior to discharge, and again in 1-2 weeks. Barring any setbacks or complications, a repeat echo/rads will be recommended in 3-6 months.



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Anesthesia considerations:

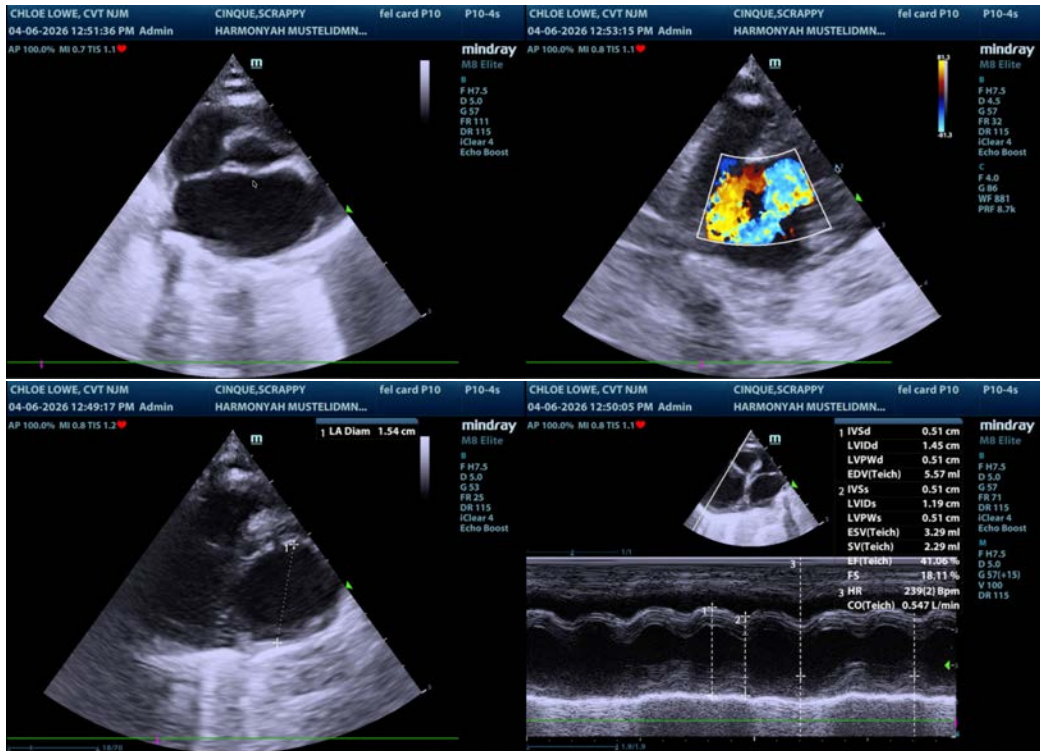
Anesthesia should be avoided until signs of congestion have resolved. If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If an ACE inhibitor (enalapril, benazepril) or spironolactone is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Anesthetic IV fluid use should be limited to < 3 ml/kg/hr and, if IV fluid therapy is administered during the procedure, a 1 mg/kg dose of IM Lasix should be administered when the patient is awake and standing in recovery. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

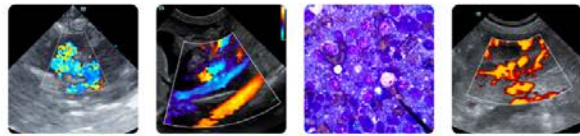
Diet:

A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition with mild dietary sodium restriction (< 100 mg/100 kcal) is recommended. Consider omega-3 fatty acid supplementation.

Activity:

Avoid strenuous activity.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Brad Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)