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Next WSAVA Congress

33rd Annual World Small Animal Veterinary Association
14th FECAVA Congress
DUBLIN, IRELAND
20th - 24th August 2008
WHEN THE CARDIOLOGIST IS OUT:
ASE-BASED APPROACH TO CARDIAC DISEASE FOR THE GENERALIST
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Amy

Signalment
10 year old, spayed female
Cocker spaniel-cross

Past Pertinent History
Vax current, on HW preventative
Murmur for 1 year
CXR: Cardiomegaly

Presenting History
Cough, Tachypnea, P. Anorexia
HR=180, RR > 100 per minute
No GI, PU/PD
rDVM: Furosemide prior to referral

Physical Examination
T=38.5, P=160/wk, R=64, 7.5kg
CRT=1.5-2 sec, MM=pink
5/6 L apical, plateau-shaped murmur & S3 gallop
No Adventitial lung sounds

Problems
Partial anorexia
Cough, tachypnea
Cardiomegaly (historical)
Murmur & S3 gallop

Differential Diagnoses?

Plan?
Diagnostic?
Therapeutic?
Client Education?
**Swayze**

**Signalment**
8 year-old male, Doberman pinscher

**History**
Wobbler - surgical candidate
Cardiovascular - asymptomatic
Cardiac consult requested due to breed

**Physical Exam (12/20/96)**
TPR = 101.5/120/30; BW: 35 kg
MM = pink, CRT <2 sec
Pulses = good and regular
S₃ gallop
Posterior ataxia, CP deficits
ECG – NSR
Echo – SF = 13%, thin-walled LV

**CV Problem List: Compensated DCM**
Myocardial failure?
Remodeling?
Heart rate/Arrhythmia?
Heart failure?
Hypo-, hypertension?
Loading (pre-, after-)?
Electrolytes?
Oxygenation?
Neurohumoral activation (RAAS, SNS)?

**Plan**
**Therapeutic Options**
Furosemide
Spironolactone
Sodium restriction
Digoxin
Dobutamine
Ca channel blocker (Amlodipine, Diltiazem)
Beta blocker (Carvedilol, Atenolol)
Nitroglycerin
Hydralazine
Enalapril
Carnitine, Taurine, Fish oils, CoQ10, O₂, PTS?
Our Plan?
NCSU Treatment: Compensated DCM
   Enalapril (0.5-1 mg/kg PO daily)
   Carvedilol (3.25 mg PO daily, increasing/2wks)
   Modest sodium restriction
   Carnitine (as option)
   Avoid heavy exercise
Gabby

Signalment
West Highland White Terrier
12 years old, spayed female

History - Past
Good vaccination and HW preventative history (recent negative test)
Non-productive cough r/t steroids, antibiotics
1 period of syncope (8-10 months ago)
Cough returned; n/r to steroids, antibiotics
Another syncopal episode, f/b 2 more with exercise

History - Current
Arrhythmia) and crackles audible
CXR: cardiomegaly & bronchointerstitial dz
Diagnosed with L-CHF
Treated with lasix (25 mg BID) and theophylline (100 mg BID)
Referred to NCSU

Physical Exam/MDB
TPRWt = 38.7°C, 80 bpm, 40 rpm, 7.8kg
NSA, + Arrhythmia (dropped beats), loud S2
Coarse crackles audible + expiratory effort
CBC: mild, mature neutrophilia; thrombocytosis
Chemistry: WNL
UA: NA

Problem List?
Cough
Syncope
Cardiomegaly
Arrhythmia
Loud S2

Differential Diagnoses?

Plan?
Diagnostic

Therapeutic

Client Education
**Tiger**

**Signalment:**
6 year old, neutered male, Domestic short-hair, 4.5kg

**Presenting Complaint:**
Routine visit
Examination and vaccination
On no heartworm preventative

**Physical Exam:**
TPR=36/220/32
4/6 right sternal border, pansystolic murmur
Normal respiration

**Problem List:**
Murmur
Tachycardia

**Differential Diagnoses?**

**Plan?**
Diagnostic

Therapeutic

Client Education