Proceedings of the 36th World Small Animal Veterinary Congress WSAVA

Oct. 14 - 17, 2011
Jeju, Korea

Next Congress:

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WHEN THE CARDIOLOGIST IS OUT: CASE-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 – What would you do?
  Furosemide
  Spironolactone
  Sodium restriction
  Digoxin
  Dobutamine
  Ca channel blocker (Amlodipine, Diltiazem)
  Beta blocker (Carvedilol, Atenolol)
  Nitroglycerin
  Hydralazine
  Enalapril
  Carnitine, Taurine
  Fish oils
  CoQ10
  Oxygen
  Euthanasia

 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 = 38.70 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  
Name: 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:

Differential Diagnoses?
Plan?

Diagnostic

Therapeutic

Client Education