


PRESENTING CLINICAL SIGNS

History: Presented for seizure activity, though likely syncopal episodes. Had 5 episodes overnight that last no longer than 10 seconds. Back end very weak after but does not seem to be out of it mentally. PE - Intermittent arrhythmia, generalized cachexia. Thoracic radiographs unremarkable.

DATE

1/16/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kaitlyn Varga

Left atrial size is normal. The mitral valve appears normal, though trace diastolic mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

ECG: High-grade (5:1) second-degree AV block

PATIENT

Silver Maerz

LA - 46.3 mm
 LVIDd - 42.5 mm
 LVIDs - 25.1 mm
 FS - 40.9%
 RA - 27.1 mm
 LVOT - 1.45 m/s
 RVOT - 0.73 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

High-grade second-degree AV block
 Normal echocardiogram

BREED

Pit Bull Terrier

Silver's ECG demonstrates the presence of high-grade second-degree AV block, and it's very likely that her arrhythmia has resulted in the development of syncopal/pre-syncopal episodes. High-grade AV block is typically due to disease of the AV node, such as idiopathic fibrosis, though in rare cases it can be vagally-mediated. For this reason, I recommend performing an atropine response test (0.04 mg/kg IV followed by ECG 15-20 minutes later), as Silver's AV block should significantly improve following atropine administration if it is vagally-mediated, while there should be minimal or no response if it is not vagally-mediated.

SEX

FS

No evidence of structural heart disease is seen in Silver's echocardiogram.

AGE

13 y

If Silver's arrhythmia is vagally-mediated, oral therapy with theophylline (~250 mg BID) should improve her AV block at home. If it is not vagally-mediated, theophylline can be attempted, however, it is unlikely to be effective. If this is the case, permanent pacemaker implantation will likely be necessary.

WEIGHT

57 lb

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of structural heart disease develop.

HOSPITAL NAME

Shuswap VC

REFERRING VET

Dr. Cocker



DATE

1/16/23

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

PATIENT

Silver Maerz

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631-804-5754

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SEX

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