

PRESENTING CLINICAL SIGNS

DATE

11/17/21

History: Presented for a syncopal episode. Irregular heart rhythm with pulse deficits. ECG showed atrial fibrillation (HR 150 bpm) and tall R waves. Radiographs showed VHS 12.2 and mild perihilar edema. Started on diltiazem 30 mg TID and a lidocaine bolus/CRI and rhythm converted to sinus. Currently receiving diltiazem 30 mg TID, furosemide 2 mg/kg BID, and pimobendan 7.5 mg BID.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

2D, M-mode, and Doppler study.

Dr. Alastair Westcott

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

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

ECG during echo: Sinus rhythm

PATIENT

Bane Shorting

LA - 41.7 mm
LVIDd - 40.2 mm
LVIDs - 33.1 mm
FS - 17.7%
RA - 25.4 mm
LVOT - 1.01 m/s
RVOT - 0.87 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

BREED

Boxer

This examination demonstrates moderate depression of Bane's left ventricular systolic function in the absence of left heart chamber dilation. It's possible that this dysfunction could be due to the presence of primary dilated cardiomyopathy (DCM), though consideration should also be given to the presence of a diet-associated cardiomyopathy, myocarditis, and a tachycardia-induced cardiomyopathy given the reported presence of atrial fibrillation. Why Bane has developed atrial fibrillation is unclear, as he does not have enlargement of either of his atria.

SEX

MN

As for Bane's syncopal episode, either his tachyarrhythmia or myocardial dysfunction could be the cause. As for the mild perihilar edema noted in Bane's radiographs, this is surprising given his absence of left atrial dilation.

AGE

9 y

A diet change is recommended if Bane is receiving one that has been linked to the development of cardiomyopathy in dogs (ex. boutique brand, exotic meat source, grain-free). A whole blood or plasma taurine level may be warranted, and taurine supplementation (1000 mg BID) should be given if a deficiency is documented.

WEIGHT

32.6 kg

Continued use of diltiazem and pimobendan appear to be warranted at this time, as is therapy with enalapril (15 mg BID) and spironolactone (37.5 mg am, 25 mg pm). Continued use of furosemide would be warranted if Bane has experienced respiratory clinical signs that have improved with therapy.

HOSPITAL NAME

Dr. Alastair Westcott

A recheck ECG and renal profile are recommended in 2 weeks. A recheck echocardiogram is recommended in 6 months.

REFERRING VET

Dr. Westcott



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PATIENT

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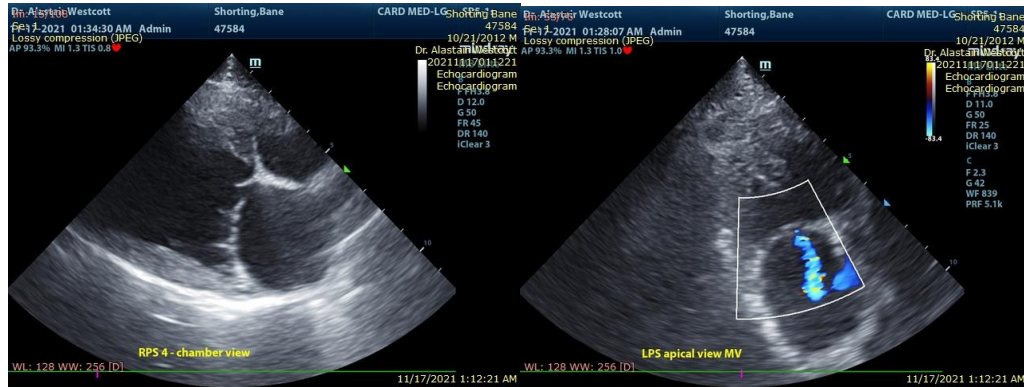
32.6 kg

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REFERRING VET

Dr. Westcott



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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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