



PRESENTING CLINICAL SIGNS

History: Presented for tachycardia. ECG showed SVT and VPCs – responded well to lidocaine CRI. Currently on sotalol 80 mg BID, pimobendan 10 mg BID, capromelin 141 mg SID.

DATE

2/3/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Fred Gromalak

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve appears normal, though there is Doppler evidence of mitral regurgitation present. There is moderate left ventricular dilation. Left ventricular systolic function is significantly depressed. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA – 46.3 mm
LVIDd – 60.7 mm
LVIDs – 51.0 mm
FS – 16%

PATIENT

Raider Susnik

RA – 33.9 mm
LVOT – 0.93 m/s
RVOT – 0.50 m/s

ASSESSMENT/RECOMMENDATIONS

Dilated cardiomyopathy (DCM)

SPECIES

Canine

BREED

King Corso

SEX

MN

AGE

10 y

WEIGHT

47 kg

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Bianco

This examination demonstrates significant depression of Raider's left ventricular systolic function, consistent with the presence of DCM. It's possible that Raider could be suffering from a primary genetic-based form of the disease, however, consideration should also be given to the presence of a diet-associated cardiomyopathy if Raider is receiving one that has been linked to the development of myocardial dysfunction (ex. grain-free, diets high in peas, lentils, legumes, potatoes, sweet potatoes). As Raider presented with a supraventricular tachycardia, consideration should also be given to the presence of a tachycardia-induced cardiomyopathy (TICM) if his SVT was present for a prolonged period of time. Secondary to his myocardial dysfunction, Raider has moderate dilation of his left ventricle, though his left atrial size is normal. Given the absence of left atrial dilation, Raider's current risk for the development of left-sided congestive heart failure appears to be relatively low, though his risk for the development of exercise intolerance and syncope is higher, and dogs with DCM can develop right-sided congestive heart failure.

Raider's arrhythmia also puts him at risk for exercise intolerance and syncope, as well as sudden death, therefore, controlling his arrhythmia will be very important.

A whole blood taurine level may be warranted, and taurine supplementation (1000 mg BID) should be given if a deficiency is documented. A diet change would be warranted if Raider is receiving one that has been linked to the development of myocardial dysfunction.

Continued use of pimobendan is warranted based on this exam, as is therapy with enalapril (20 mg BID) and spironolactone (50 mg BID), as these medications will help to support his myocardial function.

As for Raider's arrhythmia, the submitted ECG still shows the presence of a significant ventricular arrhythmia, therefore, if it was recorded after Raider's sotalol dose was increased to 80 mg BID, the addition of mexiletine (200 mg TID with food) would be warranted. Avoidance of any strenuous exercise is recommended, as this could worsen Raider's arrhythmia.



A renal/electrolyte profile and recheck ECG are recommended in 2 weeks. A recheck echocardiogram is recommended in 6 months. Thoracic/abdominal radiographs are recommended if clinical signs compatible with congestive heart failure develop.

DATE

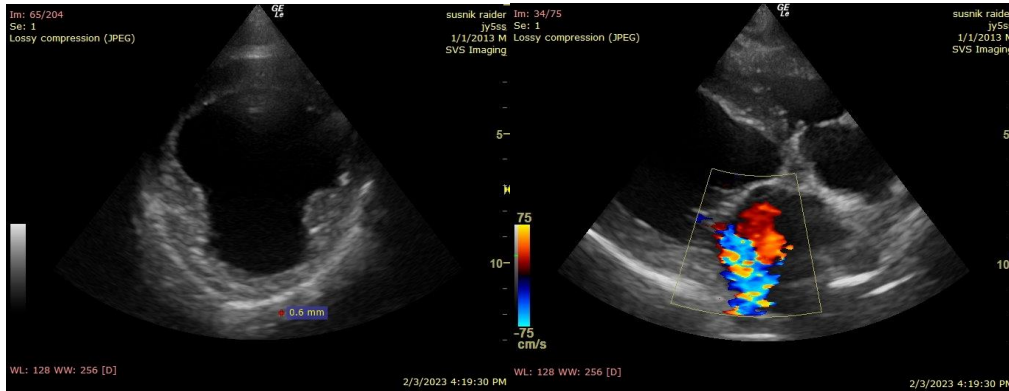
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(Cardiology)



PATIENT

Raider Susnik

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.

SPECIES

Canine

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.

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631-804-5754

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