


PRESENTING CLINICAL SIGNS

History: Presented for wobbling/disorientation episodes, now happening once a week. Diagnosed with atrial fibrillation in December 2022 – receiving diltiazem XR 360 mg BID. Lyme positive. Also receiving thyrotabs.

DATE

4/26/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

There is mild to moderate left atrial dilation. The mitral valve appears normal, though mild mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is mildly depressed. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

ECG: Atrial fibrillation (Av. HR 190) with a single VPC

PATIENT

Oakley Bohlin

LA – 66.0 mm
LVIDd – 64.5 mm
LVIDs – 50.2 mm
FS – 22%
RA – 43.1 mm
LVOT – 1.57 m/s
RVOT – 0.39 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS
BREED

English Mastiff

This examination demonstrates mild depression of Oakley's left ventricular systolic function, which could either be due to the presence of dilated cardiomyopathy (DCM) or a tachycardia-induced cardiomyopathy (TICM) secondary to his atrial fibrillation. Secondary to his myocardial dysfunction, Oakley has mild to moderate dilation of his left atrium and mild dilation of his left ventricle. Oakley's cardiac disease is still compensated, though careful monitoring for the development of difficulty breathing is recommended, as is monitoring for the development of abdominal distension, as dogs with atrial fibrillation are at risk for the development of right-sided congestive heart failure.

SEX

M

AGE

8 y

Oakley's ECG shows that his atrial fibrillation rate is uncontrolled, and it also shows the presence of a VPC. It's possible that Oakley's atrial fibrillation could be the cause of his episodes of wobbling/disorientation, however, consideration should also be given to the presence of an intermittently more severe ventricular arrhythmia and Oakley's myocardial dysfunction as possible causes of the episodes.

WEIGHT

200 lb

A Holter and/or event monitor may be warranted to evaluate for the presence of an intermittently more severe ventricular arrhythmia.

HOSPITAL NAME

SVS Imaging CT

I recommend starting Oakley on pimobendan (25 mg am, 20 mg pm) and enalapril (40 mg BID), as these medications should help to support his myocardial function. As Oakley's diltiazem dose is already approaching the maximum recommended daily dose, an increase may not be warranted at this time. Consideration can be given to adding digoxin (0.5 mg BID), as the combination therapy should help to control Oakley's heart rate better than diltiazem alone, however, caution must be used, as digoxin could potentially worsen Oakley's ventricular arrhythmia (ideally, a Holter would be performed before deciding whether to start digoxin).

REFERRING VET

Dr. Lamont



A renal/electrolyte profile, ECG, and digoxin level (if the medication is started; blood should be drawn 8-12 hours post-pill) 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.

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PATIENT

Oakley Bohlin

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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English Mastiff

SEX

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AGE

8 y

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REFERRING VET

Dr. Lamont