



PATIENT

Dyna Pomerleau

SPECIES

Canine

BREED

Doberman

SEX

Spayed Female

AGE

10 Years

WEIGHT

66 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Perkins

INVOICE

40298

DATE

8/6/22

PRESENTING CLINICAL SIGNS

Owner moved from Pacific NW recently, dog declined in health once here. First examined here 7/29/22, mild-mod peripheral lymphadenopathy, palpably enlarged cranial abdominal organs. Arrhythmia noted. Started on Pimobendan 0.25 mg/kg BID, Benazapril 0.3 mg/kg SID, Furosemide 1.4 mg/kg BID, Spironolactone 2.5 mg/kg SID, Clavamox 437mg BID for severe UTI. Doing better today, wants to be active but has had several near syncope episodes. RRR 24 at home.

Abnormal PE/Chem/CBC/UA Results: PE: very thin with muscle wasting, arrhythmia less noticeable today and HR lower. Peripheral LN reduced in size. RADS (7/29): cardiomegaly and pulmonary edema. Enlarged liver/mass effect in cranial abdomen. BW (7/29): Hct 28%, Alb 2.4, ALT 369. UA (7/29): SG 1.008, WBC, RBC, cocci and chains of rods. ECG (today): long runs of ventricular tachycardia (HR 240 max), with times of normal ECG and HR of 80-90.

Electrocardiogram (six lead)

Both right and left sided premature ventricular contractions are present on the ECG. Ventricular tachycardia (VT) occurs multiple times during the ECG, including paroxysms of "R on T" phenomena at a heart rate of 250 beats per minute. The rhythm and heart rate between the episodes of VT is sinus, with a slow (normal) heart rate of approximately 80-90 beats per minute.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suggestions/recommendations for Dyna include:

- Evaluation of arterial blood pressure, ideally, a 4-6 hours following administration of cardiac medications.
- Continue treatment with pimobendan, furosemide and spironolactone. If she is not showing signs of nausea, the dose of spironolactone may be divided every 12 hours.
- If appetite is decreased or renal parameters are mildly increased, the dose of benazepril may be decreased by 25% and also divided every 12 hours.
- Sotalol is suggested. A gradual introduction is suggested to decrease the risk of negative inotropy, for example, 0.5 mg/kg by mouth once a day for 2 days, then every 12 hours for 2 days. The dose may be increased to 1-2 mg/kg PO every 12 hours, provided Dyna does not show signs of increased weakness or lethargy as the dose increased.
- The client may be taught how to evaluate Dyna's heart rate and rhythm to monitor response to sotalol therapy.
- Continue monitoring the resting (sleeping) respiratory rate (RRR) once to twice day. The RRR should NOT EXCEED 30 breaths per minute (bpm). If the respiratory rate is greater than 30 bpm, or if there is a gradual increase (over a day or two) toward 30 bpm, adjustments to the treatment are suggested.
- Other clinical signs clients should monitor for include coughing (particularly at night), fatigue, lethargy, decreased exercise tolerance (i.e., not being able to walk for as long before becoming tired, or "running out of breath" while playing, or going up and down stairs, as well as syncope (collapsing or fainting spells). Restlessness, or agitation during the night, or being unable to find a comfortable position to sleep are also very common clinical signs.



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- Note, due to Dyna's comorbidities, steroids may be required in the future. Dexamethasone may be more prudent compared to prednisone or prednisolone as it has less mineralocorticoid effect and less volume retention for individuals with heart disease.

SPECIES

Canine

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Doberman

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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