



VETCT
CONSULTANTS IN TELEMEDICINE

TELEMEDICINE REPORT: Cardiology

Report number: TELE-XXX

Report date: XXXX

Referring Veterinarian: XXXXXX

Referring Practice: XXXXX

Email address: XXXXXX

Owner: XXXXX Patient: Rosie

Species: Canine Breed: Cavalier King Charles Spaniel Sex: Female Neutered Age: 8
years, 5 months

Associated cases: VETCT-XXXX

Clinical History:

For past week has been breathing heavier than normal and coughing also, with the breathing getting worse during the evening. On clinical exam was tachycardic (approx 180bpm), tachypnoeic (40bpm) and mildly dyspnoeic (mainly expiratory). On thoracic auscultation has a grade 6/6 LHS murmur with PMI over heart apex. Mild wheezes but can't hear any crackles. MM appeared slightly pale with a normal CRT. On echo had enlarged left atrium when compared to aorta and mitral valve regurgitation. Bloods attached.

Questions to be answered:

Main question is regarding treatment options currently, especially if furosemide/ACEi/pimobendan indicated currently as no pulmonary oedema visible on radiographs. Was given 1 injection of furosemide approx 18 hours prior to x-rays if this might have affected x-rays. Also would low salt diet/omega 3 FA supplementation help at this stage.

Date: 01/06/2015



Reported by VetCT

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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.

Diagnostic interpretation:

As mentioned previously the radiographs show marked left atrial enlargement and, whilst there is not evidence of overt alveolar oedema at present, the enlarged lobar vessels and mild generalised increase in interstitial markings in addition to clinical findings suggest that this dog is likely to have a degree of congestive heart failure. I would agree with your suggestion that even a single dose of furosemide in a previously untreated dog may have improved the lung pattern compared to how it might have been prior to administration of diuretics.

This dog's age, breed and also your echo findings would support a diagnosis of myxomatous mitral valve disease resulting in congestive heart failure. Regarding treatment options for this condition I would suggest administration of furosemide and pimobendan assuming that there is no evidence of left ventricular tract outflow obstruction. I would expect administration of these drugs to result in a significant reduction in heart rate and resting respiratory rate within 3-5 days. Given the hypokalaemia seen on the serum biochemistry results further monitoring of electrolytes may be required especially if this dog is not eating.

If administration of these drugs does not result in a significant improvement in the dog's demeanour and clinical signs, I would consider firstly increasing the dose of furosemide to the upper end of the dose range given in the BSAVA Forumulary and also considering addition of an ACE inhibitor and spironolactone. These drugs are combined in the preparation Cardalis which may allow easier administration.

When an improvement in clinical signs is seen it is good practice to try to reduce to dose of furosemide to the lowest effective dose as this will help to preserve renal function. It is also good practice to regularly monitor renal parameters and electrolytes especially if there has been a change in drug dose or in clinical status.

With regard to diet – fish oil supplementation will not do any harm and there is some evidence that the correct balance of fatty acids can potentially lower levels of some of the potentially harmful cytokines thereby reducing cardiac cachexia. However some dogs find these medications unpalatable and, if supplementation results in reduced intake of a high quality proprietary diet, then I would suggest that supplementation is discontinued or that an alternative preparation is used. The ACVIM Consensus statement on the treatment of mitral valve disease suggests that a sodium restricted diet is likely to confer the greatest benefit in dogs with refractory heart failure and therefore may not be indicated at this time.

Conclusions:

Treatment of congestive heart failure is likely to be required.

Additional comments:

I hope you have found the above information useful but please don't hesitate to get in contact if I can be of any further assistance in the management of this case. As always, follow-up progress and long term clinical outcome is extremely helpful if you have the time.

Reporting Cardiologist:

XXXXXXXXXX BVM&S DVC MRCVS, RCVS Recognised Specialist in Cardiology

If you have any queries regarding this report then please "Add a comment" on the VetCT platform or contact info@vetctspecialists.com



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