Clinical examination of the cardiac dog, back to the basic skills: using your eyes, hands and ears

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Putting the medical history together

- Medical history = questioning and records
- Like a police investigation
  - What may seem just to be details to the owner are not always details in the eyes of the vet
- The “right” questions to ask owners
Questions to ask the owner

- Address (last two years)
- Breed / epidemiology:
  - Cavalier King Charles Spaniel: Degenerative Valve Disease (DVD), Giant breeds and Doberman Pinschers: Dilated Cardiomyopathy (DCM)
- Gender
  - Male: DVD, DCM
  - Female: ductus arteriosus
Questions to ask the owner

- **Weight**
  - Drug dosage
  - Trend (↓ if Congestive Heart Failure (CHF))
- **Overweight**
  - Do not forget tracheal collapse
  - CHF = weight loss (an obese animal rarely has CHF!)
- **Age**
  - Puppy 2-3 months: congenital heart disease
  - Dog >10 years: acquired heart disease, DVD
Questions to ask the owner

- Reasons for the consultation
  - To be taken into account but not necessarily the most important

- How long has the “problem” existed?
  - Acute versus chronic > 6 months

- Prior treatments:
  - E.g. positive response of a cough to furosemide = cardiac origin probable
Questions to ask the owner

- Complementary examinations already performed
  - Get access to the results
  - Do not repeat if not necessary
- Medical - surgical history
  - Present or past conditions, previous surgery.
  - May complicate treatment or point towards a different diagnosis.
Clinical examination in 3 phases

FOLLOW THIS ORDER

Inspection (eyes)  Auscultation (ears)

Palpation (hands)
Clinical examination: inspection

- **Respiratory rate**
  - Often neglected
- **Dyspnoea**
  - At rest (frequency < 40/min)
  - Inspiratory / expiratory, obstructive / restrictive
Clinical examination: inspection

- Type of cough
  - Chronic bronchitis: strong and wet
  - Collapsed trachea: strong and dry
  - Cardiogenic pulmonary oedema (PO): slight and wet

- Dog behaviour
  - Gradual worsening of cough frequency and intensity
Clinical examination: inspection

- Examination of mucous membranes
  - Anaemia, congestion, cyanosis
Clinical examination: palpation

- Precordial pulsation (left)
  - Intensity, heart rhythm, heart rate
- Femoral pulse
  - At same time as palpation of precordial pulsation
  - Manual “electrocardiography”
Clinical examination: palpation

- Cervical trachea
  - Flaccid
- Capillary refill time (CRT)
  - Heart pump power
  - Normal < 3 sec
  - > 3 sec, pump degraded. Ex: DCM
Clinical examination: auscultation

FOLLOW THIS ORDER

HF       Heart sound intensity       Analysis of murmurs
Heart rhythm       Extra sounds
Clinical examination: auscultation

- For murmurs: DYNAMIC auscultation
- Thorax on the left and the right
  - Left: apical zone, mid-thorax, ventral cranial, dorsal cranial (under the scapula)
  - Right: under the right elbow, mid-thorax
Clinical examination: auscultation
Explanations to the owner

- About the murmur (murmur ≠ disease)
- No prognostic meaning (intensity ≠ severity)
- Origin of murmur (e.g. DVD)
Explanations to the owner

- Not to be neglected

- Allows/facilitates involvement of the owner in monitoring their dog, and therefore compliance
Explanations to the owner

- About the cough
  - Will not disappear completely with treatment
  - Warning sign: aggravation

- About Respiratory Rate (RR)
  - At rest
  - > 40 mvts/min = PO infiltration