



**MID-MICHIGAN  
VETERINARY  
CARDIOLOGY**

**Christian Weder, DVM, MS, DACVIM (Cardiology)  
Brianna Chidester, LVT**

1290 W. Grand River Avenue | Williamston, MI 48895  
517.708.2538 | midmichiganvetcardiology.com

Thank you for bringing Saxton back for his recheck exam today. Below is a summary of his visit with us on August 9, 2022.

**History:** Saxton was presented for a recheck exam. Saxton was originally seen at our office on 7/26/2022 and was diagnosed with unclassified cardiomyopathy (UCM), systolic dysfunction, a ventricular arrhythmia, mild pericardial effusion (congestive heart failure), and spontaneous echocardiographic contrast within the left auricle. He was started on furosemide, pimobendan, clopidogrel, and sotalol at that time. Since his original exam, Saxton's appetite has been up and down. Saxton had a significant bout of poor appetite, however, it has improved after the addition of ondansteron. He has been breathing comfortably and his respiratory rate has been 22-27/min. His energy level has improved somewhat.

**Cardiac Physical Exam:** Weight= 6.2kg. Saxton was quiet, alert and responsive. The mucous membranes were pink and CRT<2 sec. The cardiac rhythm was largely regular (HR140/min) with infrequent premature beats. No heart murmur was noted. Pulmonary auscultation revealed normal lung sounds. The respiratory rate and effort were normal.

**Diagnostic Testing:**

Electrocardiogram

HR= 140/min

Rhythm: Sinus rhythm with infrequent single ventricular premature contractions (VPCs)

Bloodwork:

BUN 38.9 (15-32)

Creatinine 1.8 (0.8-1.8)

Sodium 151 (147-156)

Potassium 3.4 (3.4-5.3)

Chloride 106 (107-125)

Brief Echocardiogram:

There is a trivial volume of pericardial effusion. No pleural effusion is noted.

**Diagnosis:**

1. Unclassified cardiomyopathy (UCM)
2. Systolic dysfunction
3. Ventricular arrhythmia
4. Mild pericardial effusion- congestive heart failure
5. Spontaneous echocardiographic contrast within left auricle

**Assessment:**

Today's echocardiogram exam was very positive overall. His cardiac rhythm has shown relatively dramatic improvement with the addition of sotalol and he has had near resolution of his pericardial effusion. Saxton's kidney values are relatively unchanged as compared to when last checked with your primary veterinarian. Overall, I am very pleased with the findings and with how Saxton is doing at home. All cardiac medications should be continued at the current doses.

**Plan:**

Medications:

1. Furosemide 12.5mg: give 1/2 tablet by mouth twice daily (every 12 hours)
2. Clopidogrel 75mg tablets: give 1/4 tablet by mouth once daily (every 24 hours)
3. Pimobendan 2.5mg tablets (compounded): give 1/2 tablet by mouth twice daily (every 12 hours)
4. Sotalol 10mg compounded capsules: give 1 capsule by mouth twice daily (every 12 hours)

Recheck:

I recommend a recheck with our office in 3 months, however, please let me know if you have any concerns before that time.

Monitoring:

Please monitor Saxton for any signs that may be consistent with heart disease. These signs can include rapid or labored breathing (especially at rest), an elevation in the resting breathing rate/effort, lethargy, open mouth breathing, and/or collapse. If you notice any of these signs, please contact me.

Thank you for choosing Mid-Michigan Veterinary Cardiology. As always, Saxton was a great patient and I enjoyed working with him. If you have any questions or concerns regarding Saxton's visit with us, please contact me.

Sincerely,

Christian Weder, DVM, MS, DACVIM (Cardiology)  
Mid-Michigan Veterinary Cardiology  
cweder@midmichiganvetcardiology.com  
www.midmichiganvetcardiology.com