

Cardiac Emergencies

micro drip study guide

November 25, 2021

Instructor: Dr. Christopher G. Byers, DVM, DACVECC,
DACVIM (SAIM), CVJ

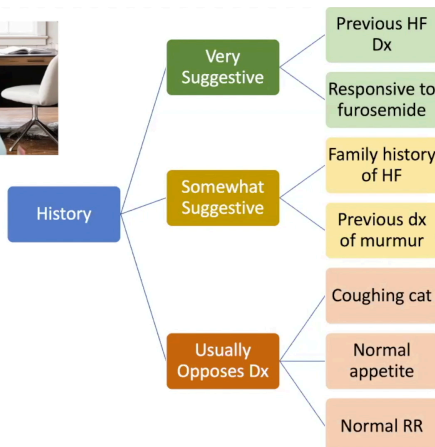
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Christopher G. Byers, DVM
DACVECC, DACVIM (SAIM), CVJ
CriticalCareDVM.com



So we want to pay really close attention to our patient's history and physical exam. The two most important diagnostic tests ever have always been and will always be history and physical exam. Because we all know how challenging it can be to look at a respiratory distress patient and say, oh, is it lungs? Is it somewhere in the airway? Or is it heart?

That's why we started off the VetMed Live series with the localizing dyspnea lecture, to try and figure out a way to determine where in the respiratory tree the problem is. Now we're going to use that knowledge of saying this is a pulmonary parenchymal issue. And so, when we get to our physical exam section, we'll talk about those breathing patterns. But we start with our history, of course.

If these kiddos have a history of heart failure, well, if they're now presented to you in respiratory distress, it's probably the heart failure again. That's a really good supposition to make. Similarly, maybe you don't know and you're saying, I'm going to give it a diuretic. I'm going to do a trial of furosemide. And if they really respond to it, if all of a sudden, within an hour, their dyspnea has markedly improved, they were very responsive to that furosemide trial, it's probably heart failure.

Somewhat suggestive but not slam dunks are somewhere in the family line. In the family tree, there's a history of heart failure. Or if you have previously noted or somebody has previously noted a heart murmur. Maybe they had mitral valve endocardiosis that's been being tracked for several years, and now all of a sudden they're presented in respiratory distress. It's probably because that disease has decompensated.

What doesn't usually fit with heart failure is patients who actually have a normal appetite. Heart failure patients don't want to eat. They feel horrible. They're kind of drowning in their fluids. The last thing they want to do is eat. They also typically have elevated respiratory rates, because they're trying to oxygenate much more than normal because things are not going well for them.

So if you have a patient presented with normal respiratory rate, it's probably not going to be heart failure. And I'm sure we all know by now, coughing cats are rarely heart patients. So if you have a coughing cat, think airway or lungs that have nothing to do with heart issues. In fact, quite honestly, a coughing cat has asthma until proven otherwise.