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INFO: Dilated Cardiomyopathy (DCM)

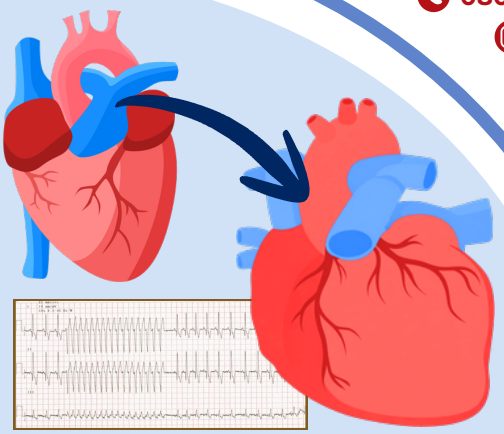
WHAT IS DCM?

A disease affecting the heart muscle, causing it to become **thinner and weaker** over time.

The reduced pump function leads to **increasing blood volume** within the heart and **dilation** of the chambers.

Eventually, patients develop **congestive heart failure** (CHF).

Irregular heart rhythms (arrhythmias) can develop at any stage, worsening CHF or increasing the risk of **sudden death**.



HOW DO YOU DIAGNOSE DCM?

- Your vet may hear a **heart murmur** ('whooshing' noise) - this simply indicates a change to the normal blood flow, it **does not tell us what the cause is.** They may recommend a heart scan to investigate.
- **Echocardiography** (heart ultrasound scan) is used to look at the heart structures and function.
- **ECG** monitors electrical activity, checking heart rate and rhythm. 24-hour ECG (Holter) is the gold standard to screen for **dangerous arrhythmia**.
- **Xray** can be used to look for **fluid in the lungs** or lung disease.
- **ProBNP** blood test can screen for evidence of heart stretch (this can have many causes - not just DCM) but not the risk of arrhythmia.

WHAT ARE THE CLINICAL SIGNS?

Patients can have no clinical signs and still have:

- Underlying **structural changes** of DCM (preclinical DCM).
- **Dangerous arrhythmia** - even *without* significant structural changes on a heart scan.

Screening of 'at-risk' patients (specific breeds, family history of DCM) is very important to identify those with disease.

Clinical signs can include:

- Lethargy
- Reduced exercise tolerance
- Breathlessness / increased respiratory rate
- Cough
- Weakness or collapse
- Abdominal swelling
- Decreased appetite

Speak to your vet if you think your pet may have any of these signs.

DCM TREATMENT

- **Pimobendan:** improves the pump function of the heart and delays onset of CHF.
- **Diuretics:** remove pulmonary oedema (fluid in the lungs) and reduce ascites (fluid in the abdomen).
- **ACE inhibitors:** improve circulation and help the heart pump more efficiently.
- **Spironolactone:** weak diuretic and slows heart scarring.
- **Anti-arrhythmic/rate control drugs:** to slow heart rate in fast arrhythmias and reduce dangerous irregular beats

It is important to treat concurrent underlying **non-cardiac disease** (such as hypothyroidism) or specific **dietary deficiencies**, as these can worsen cardiac disease or even **mimic** the structural changes seen on a heart scan.

See our website for information on heart testing schemes

HOW ARE DCM PATIENTS MONITORED?

IN THE CLINIC:

- Clinically normal but 'at-risk' patients are recommended to be screened **annually**. This can start with a **proBNP** blood test, where any **abnormal** results indicate that a **heart scan** is necessary.
- **Echocardiography** and **ECG** are the definitive ways to diagnose DCM. Patients with DCM are usually assessed every **6-12 months** (unless their clinical signs change)
- **Blood tests** to check kidney function, hormones and other organs are useful before starting medication and to assess effects of long term medication.

AT HOME:

- Patients are fitted with a **24 or 48-hour ECG (Holter)** to wear at home to screen their heart rate and rhythm away from the clinic.



- Measuring **sleeping respiratory rate (SRR)** and the change in trend (increasing or decreasing) allows us to assess whether pulmonary oedema (fluid in the lungs) is present and check how well patients are responding to CHF medication.

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