

CONGESTIVE HEART FAILURE IN CATS

HEART FAILURE OCCURS WHEN THE BODY CAN NO LONGER COMPENSATE FOR A DISEASED HEART. IN OTHER WORDS, THE HEART CAN NO LONGER FUNCTION WELL ENOUGH TO PROVIDE THE NUTRIENTS THE BODY NEEDS DURING DAY TO DAY LIFE. HEART FAILURE CAN OFTEN LEAD TO FLUID RETENTION, WHICH WE THEN CALL CONGESTIVE HEART FAILURE (CHF). CHF CAN BE CAUSED BY HEART DISEASES SUCH AS CONGENITAL HEART DISEASE (I.E. HEART DISEASE PRESENT FROM BIRTH), HEART MUSCLE DISEASE (CARDIOMYOPATHY), OR CAN BE SECONDARY TO HIGH BLOOD PRESSURE (HYPERTENSION) OR OVERACTIVE THYROID GLAND (HYPERTHYROIDISM).

SYMPTOMS

WITH CHF IN CATS THE MAIN SYMPTOMS ARE INCREASED BREATHING RATE AND BREATHELESSNESS. LABOURED BREATHING WITH FLARING OF THE NOSTRILS AND EVEN OPEN-MOUTHED BREATHING MAY BE SEEN. THE COLOUR OF THE GUMS CAN GO PALE OR EVEN BLUE, THERE IS OBVIOUS DISTRESS, CATS MAY BE OFF THEIR FOOD AND MAY BE UNWILLING TO MOVE. THIS IS AN EMERGENCY AND REQUIRES IMMEDIATE VETERINARY ATTENTION. SOMETIMES A BLOOD CLOT (EMBOLUS) CAN FORM IN THE ARTERIES OF THE CHEST, HEAD OR BACK CAUSING EMBOLISM. THIS CAN CAUSE A SUDDEN RESPIRATORY DISTRESS, PARALYSIS OF THE BACK LEGS OR EVEN SUDDEN DEATH.

DIAGNOSIS

TESTS TO HELP ESTABLISH HEART DISEASE AND FAILURE MAY INCLUDE:

- X-RAYS OF THE CHEST AND ABDOMEN TO LOOK FOR FLUID BUILD UP AND TO ASSESS HEART SIZE.
- HEART ULTRASOUND (ECHOCARDIOGRAPHY) TO LOOK AT THE INTERNAL STRUCTURES OF THE HEART AND TO CHECK FOR AN EMBOLUS IN THE HEART.
- ECG (ELECTROCARDIOGRAM) TO ASSESS THE HEART RHYTHM (ESPECIALLY IF THIS IS IRREGULAR).
- BLOOD PRESSURE MONITORING - TO SPOT HIGH AND LOW BLOOD PRESSURE.
- BLOOD TESTS MAY BE USED TO ASSESS SALT CONCENTRATIONS, THYROID AND KIDNEY FUNCTION.
- FAECAL TESTS TO RULE OUT PARASITES.

TREATMENT

IN EMERGENCY CASES HOSPITALISATION AND INTENSIVE CARE MAY BE REQUIRED. OXYGEN THERAPY MAY BE NECESSARY AND FLUID MAY NEED TO BE DRAWN OFF THE CHEST VIA A NEEDLE. ONCE STABLE THEN THE PATIENT CAN BE MEDICATED AT HOME. MEDICATIONS INCLUDE:

- MEDICATION TO TREAT ANY PRIMARY DISORDERS SUCH AS OVERACTIVE THYROID OR HIGH BLOOD PRESSURE.
- FUROSEMIDE - A DIURETIC THAT HELPS TO REDUCE FLUID BUILD UP. CATS ON DIURETICS WILL DRINK AND URINATE MORE FREQUENTLY. THEIR POTASSIUM LEVELS CAN DROP WHILE ON FUROSEMIDE, WHICH CAN CAUSE INAPPETANCE AND DEPRESSION - THESE LEVELS NEED TO BE CHECKED REGULARLY WHILE ON THIS AND POTASSIUM SUPPLEMENTS MAY BE PRESCRIBED.
- ACE INHIBITORS - E.G. BENAZEPRIL (*FORTEKOR*) - THESE HELP TO AID CIRCULATION.
- OTHER VETERINARY MEDICATIONS MAY BE USED IN CERTAIN HEART CONDITIONS; THESE MAY INCLUDE PIMOBENDAN (*VETMEDIN*) OR SPIRONOLACTONE (*PRILACTONE*).
- BLOOD THINNERS USED IN HUMAN MEDICINE, LIKE ASPIRIN, HEPARIN OR CLOPIDOGREL, MAY BE USED IF THERE IS RISK OF EMBOLISM (OR IF EMBOLISM IS ALREADY PRESENT).

- OTHER HUMAN HEART MEDICATION, SUCH AS DILTIAZEM OR BETA BLOCKERS MAY BE USED IN SOME CIRCUMSTANCES, LIKE WHEN THERE IS AN IRREGULAR OR OVERLY FAST HEART RHYTHM, OR WHERE THERE IS DETERIORATION IN SYMPTOMS THAT CANNOT BE CORRECTED BY USING VETERINARY MEDICATION.

HEART MEDICATION IS USUALLY GIVEN LIFELONG, ALTHOUGH CHANGES IN DOSAGES ARE OFTEN REQUIRED DEPENDING ON THE CONDITION OF THE PATIENT. PERIODIC MONITORING IS REQUIRED TO HELP ENSURE THAT THE PATIENT IS COPING WELL AT HOME AND WITH THE MEDICATION. INITIALLY, UNTIL STABLE, THIS MAY BE QUITE FREQUENT AND MAY REQUIRE FURTHER TESTING AS LISTED ABOVE. ONCE STABLE WE WOULD USUALLY RECOMMEND ROUTINE MONITORING CHECKUPS EVERY THREE MONTHS. PROGNOSIS IS VARIABLE DEPENDING ON THE DISEASE AND ITS SEVERITY, WITH PRESENCE OF AN EMBOLUS MAKING PROGNOSIS MUCH WORSE. IF YOU NOTICE ANY DETERIORATION IN YOUR CAT'S CONDITION, OR SUSPECT THAT THERE MAY BE ADVERSE EFFECTS FROM THE MEDICATION, PLEASE CONTACT YOUR VET AS SOON AS POSSIBLE.

