



Dilated Cardiomyopathy (DCM) Phenotype – Updated May 2021

INTRODUCTION

Dilated cardiomyopathy (DCM) is the most common cardiomyopathy in the dog and is an important cause of canine morbidity and mortality.¹⁻³ DCM results in dilation of the cardiac chambers and decreased systolic function, often progressing to congestive heart failure, arrhythmias, and sudden death. Historically, DCM has been considered a predominantly inherited disease common to specific breeds such as the Doberman pinscher,⁴⁻⁷ Great Dane,⁸⁻⁹ and Irish wolfhound.¹⁰ A familial link has also been reported in other breeds.¹¹⁻²⁹ Other causes of DCM phenotype, such as severe hypothyroid disease,²⁻²² tachycardia-induced cardiomyopathy,²³⁻²⁴ myocarditis/inflammatory cardiomyopathy,²⁵⁻²⁸ and nutritional deficiencies²⁹⁻³¹ have been reported less frequently.

DIAGNOSTIC TESTS TO CLASSIFY DCM PHENOTYPE

Any dog diagnosed with presumptive DCM by a primary care veterinarian should be referred to a cardiologist if possible.

Unfortunately for the majority of patients with DCM, this disease is rapidly progressive with no cure. However, the following tests should be considered to understand the etiology of the disease, as some causes of DCM may be treatable and appropriate treatment may lead to improved cardiac function:

1. Echocardiogram – this ultrasound of the heart will confirm a diagnosis of DCM phenotype, as well as help the cardiologist understand the severity of disease and tailor a specific treatment protocol to your dog.
2. Thoracic radiographs – X rays of the chest may be performed by your primary care veterinarian or your cardiologist to evaluate the lungs for the presence of fluid or cancer, and to evaluate the silhouette of the heart.
3. Thyroid panel – some dogs with severe hypothyroid disease will develop poor cardiac function and a DCM phenotype. This is because thyroid hormones have direct and indirect effects on the pump function of the heart. Detection and treatment of hypothyroid disease will improve your dog's quality of life, as well as improve cardiac function in some cases.
4. Cardiac troponin (cTnI) – Infection or inflammation of the heart (myocarditis) can cause cell death. When heart cells die, they release the protein troponin into the blood. Severe elevations of troponin in the blood can indicate the acute phase of myocarditis and help to guide further testing/treatments.
5. Whole blood taurine concentration – Taurine is an amino acid that is important for normal cardiac function. It is recognized as an essential amino acid in cats, but not dogs. However, some dogs with nutritional cardiomyopathy, taurine concentrations are measured to be low, and supplementation is recommended.
6. Complete blood count, serum chemistry, and 4Dx - These are standard blood tests to measure the patient's organ function, and to help screen for systemic disease that could alter the course of treatment.
7. 24-hour Holter monitor – A Holter monitor is a wearable ECG device that is placed on the patient with bandage wrap and worn home. The Holter will measure the heart rate and rhythm for 24 hours, in your dog's natural setting. In the context of DCM phenotype, the Holter is placed for 2 reasons. **First**, if there is a suspicion that a tachyarrhythmia (rapid heart rate) may be causing structural cardiac changes, the Holter will offer information on the type of arrhythmia so that an appropriate treatment plan can be recommended. **Second**, dogs with DCM are at risk of dangerous arrhythmias that

can cause sudden death. A Holter monitor will help to screen for these arrhythmias so that proper treatment can be initiated.

CURRENT RESEARCH REGARDING GRAIN FREE DIETS.

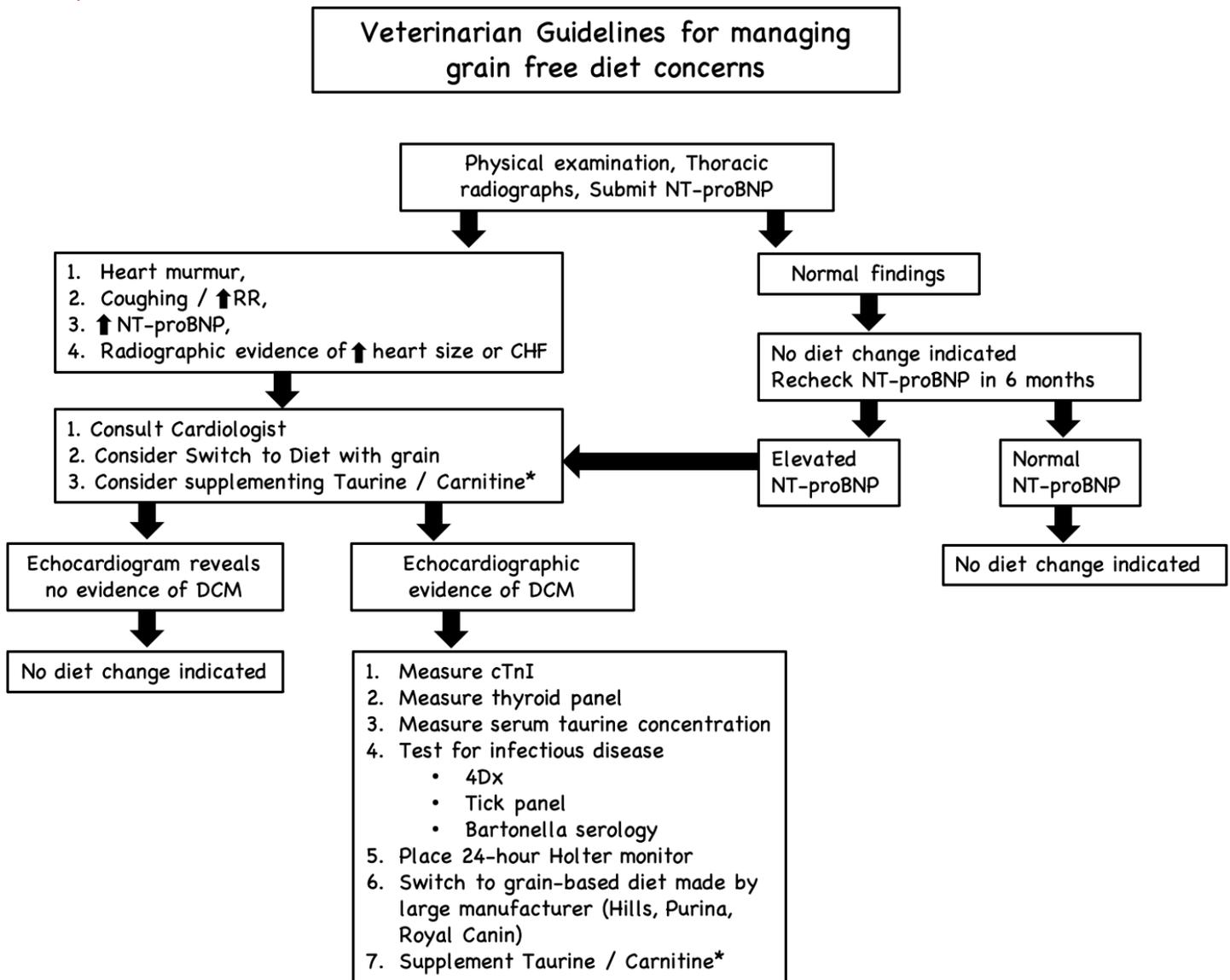
There are currently accumulating reports of DCM phenotype being diagnosed with higher frequency in dog breeds without a known familial link, or in unrelated housemates. This has led to a critical assessment of fed diets.³²⁻⁴² Several retrospective reports describing DCM in dogs eating grain-free, legume-rich diets have been published.^{34, 37} These studies detail improved cardiac function and longer survival times in dogs treated with a combination of taurine and carnitine supplementation, change to a grain-inclusive diet, and medications specific to their disease.³⁴⁻⁴⁵ Furthermore, the FDA-CVM has released three warnings concerning a correlation between grain-free diets, diets produced by small manufacturers, and DCM.⁴⁰⁻⁴² No pet food recalls have been issued in association with the warnings.³⁹⁻⁴¹

Despite continued research on the topic, a causative mechanism linking grain-free, legume-rich diets and DCM has not been identified.³¹⁻³² However, the identification of a cohort of dogs diagnosed with DCM phenotype, which subsequently improve over time, is intriguing. **This is because dogs diagnosed with DCM typically progressively worsen over time, and improvement is not expected.** It should be noted that in some dogs in the current diet-related studies, improvement was not appreciated after switching diets, underscoring the multifactorial nature of DCM.

CURRENT RECOMMENDATIONS BASED ON CURRENT RESEARCH

The following flow chart is meant to help guide the general practitioner in the diagnosis of occult DCM, particularly in patients being fed grain-free diets.

Feeding grain free, high-legume, exotic ingredient diets is not recommended at this time. However, many dogs do well on these diets with no evidence of cardiac disease. Therefore, if a dog has been eating a specific diet for a long time, with no evidence of cardiac disease, it may not be necessary to switch the diet.



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