Blood Pressure
- Hypotension → Cardiogenic shock risk

Echocardiography
- Dilated, rounded ventricle
- Poor systolic function (L-CHF)

Bloods
- Mild azotaemia due to reduced perfusion → impacts on what treatment is safe to be given.
- cTn 1 high due to myocardiocyte damage (intracellular marker)

**Assess the relevance of results obtained by diagnostic tests:**

Treatment for Degenerative Valvular Disease
- Stage A = At risk → No treatment
- Stage B = Heart disease present
  - B1 = No cardiomegaly → No treatment (may not progress)
  - B2 = Cardiomegaly → Pimobendan (inotrope)
- Stage C = CHF (Left)
  - Furosemide → Diuretic → Reduced pulmonary oedema
  - Pimobendan → Inotrope → reduced afterload
  - ACE-i Inhibitor (e.g. Benazepril) → Reduced RAAS activation → reduce preload
  - Spironolactone → Anti-remodelling + weak diuretic
- Stage D = Near Death → too late to treat
- Follow-up
  - Monitor resting RR (< 30 brpm)
  - 1 week - repeat bloods and bp
  - 3 months - re-examine

Treatment for Dilated Cardiomyopathy w/ R-CHF
- Diltiazem PO/IV
  - Emergency control of HR - allows time for ventricles to fill improving CO.
- Pre-clinical (Stage B2)
  - ACE-i (e.g. Benazepril)
  - Pimobendan
- R-CHF
  - Furosemide IV
  - Pimobendan PO/IV
  - ACE-i
  - Spironolactone