Presentation: **NO signs** in most HW-infected dogs. **COUGHING** is most common complaint (when clin sx exist).

Also: **Exercise intolerance, weight loss, syncope, death**
- Manifestations of right-sided heart failure (ascites)
- Manifestations of pulm. hypertension (PTE) (dyspnea)

**Test of choice: HW antigen test**-detects adult female worms

**Rx of choice:**
1.) **Melarsomine, 3 dose adulticide protocol**-2.5 mg/kg IM **today**
   - Two more doses, 24 hours apart, given 1-3 **months later**
2.) **EXERCISE RESTRICTION** extremely important, 4-6 weeks after each dose
3.) Consider **prednisone or NSAIDs** to reduce melarsomine injection site inflammation

**Pre-adulticide Rx 1-3 months**
**Doxycycline + Monthly HW preventive** (for **asymptomatic** dogs at time of Dx)

**Prevention:** Monthly macrolides (Ivermectin, selamectin, moxidectin, milbemycin)
**WIDE window of efficacy**- up to two-month “reachback effect”

**Pearls:** **Caval syndrome** - see in some heavily-infected dogs
- **ACUTE ONSET**-severe lethargy, dyspnea, pallor, weakness
- Jugular pulses, systolic murmur (R), hemoglobinemia, hemoglobinuria
- Rx by surgical extraction or dog likely to die w/in 2 days

**Zuku Review FlashNotes™**

**Classic Question**

An 8 year-old male intact hunting dog from the Florida is presented in poor body condition with a 2-month history of exercise intolerance, non-productive cough and heavy breathing.

The dog lives mostly outside, last received routine vaccinations 3 years ago and does not receive any other medications. Physical exam reveals mild cyanosis, ascites, temperature of 102.1 F (38.9 C).

Thoracic radiographs show right heart enlargement and dilated, tortuous pulmonary arteries.

What is the most likely presumptive diagnosis?