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### Suggested Sedation for Echocardiography

Many dogs and cats tolerate a full echocardiographic study without sedation. However, sedation may become necessary when the exam is made difficult by a restless patient (wriggling or panting) or a stress-induced tachycardia. In some patients, especially cats, it is not safe from a hman point of view to scan the patient conscious. Although sedation may affect some echocardiographic measurements, the magnitude of observed changes in sedated dogs and cats using the following suggested sedative combinations is insufficient to affect the diagnosis. Stress itself (from the visit, fur clipping or being held in recumbency) has negative consequences for the pet and the safety of those around the animals must be taken into account as well. Dyspnoeic patients also benefit from some mild sedation – they are less likely to panic which leads to worsening dyspnoea and can instigate fatal arrhythmias.

The following are suggested sedation drugs and protocols based on my experience, after discussion with cardiologists and reading the evidence. The choice of drug and protocol remains with the case vet who knows the pet and their full clinical history. Some of these drugs are off-licence or used in ways that makes then off-licence – I recommend off-licence consent is obtained from the pet's owner.

#### Dogs

Do NOT give alpha-2 agonists<sup>3</sup> (medetomidine, dexmedetomidine) – these severely affect cardiac function and echocardiography measurements obtained. I cannot perform a meaningful heart scan for at least 3 days after alpha-2 agonists have been administered.

Trazodone (5–15 mg/kg, orally) may be given both the night before and 1-2 hour before travel or arrival at the practice if the dog is known to be anxious in the practice. This should be trialled before the planned visit at 5mg/kg then titrated from there. In cases where the trial dose of therapeutic dose of trazodone alone has been unsuccessful and/or the patient is particularly emotionally challenged by a veterinary visit it is possible to combine trazodone with gabapentin at 20mg/kg<sup>12</sup>.

My preference is to give butorphanol 0.2-0.3mg/kg IV – this acts with 10 minutes of administration and is more consistent than giving it IM. This is not a potent sedative so a fractious patient may need more. The following combined IM  $^{1,2}$  if unable to place an IV catheter – do not give if the patient is bradycardic.

- Butorphanol 0.2-0.3mg/kg
- Midazolam 0.2mg/kg

Alfaxalone IM<sup>4</sup> can be very useful and has minimal cardiac effects too, combine with midazolam (unless has been pre-administered trazadone +/- gabapentin, otherwise may get a restless recovery. Due to

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the volumes, this is only useful for dogs <10 kg. Careful titration of alfaxalone at 1 mg/kg IV increments is useful if an IV catheter can be placed.

#### Cats 5, 6, 7

Avoid ketamine in cats with diagnosed or suspected Hypertrophic Cardiomyopathy as it increases myocardial oxygen demand. Do NOT give alpha-2 agonists<sup>3</sup> – these severely affect cardiac function and echocardiography measurements obtained.

If a cat is known to be predisposed to anxiety and subsequent uncooperative behaviour, pre-emptive at-home sedation with gabapentin (50mg if < 3kg,100mg if 3.5-5kg, 150mg if >5kg, PO, about 20mg/kg, 2-3 hours before leaving home and at least 90 minutes before visit) is very useful.<sup>8,9</sup> This sedation works better if a dose of gabapentin is given the evening before the visit and scan. This dose should be decreased by half (10mg/kg) for cats with chronic kidney disease (IRIS stage 2 or 3).<sup>10</sup> Cats who have been administered gabapentin should be kept inside for a minimum of 12 hours post administration and owners should be warned about that their cat is likely to be ataxic and so should stop their cat having access to stairs or jumping.

If this is not sufficient then the following drugs can be administered:

The following drugs combined:

Butorphanol 0.2mg/kg - rarely enough unless cat depressed or in CHF

OR

Alflaxalone I-2mg/kg + midazolam 0.3mg/kg IM

OR

Butorphanol 0.2mg/kg + Alflaxalone I-2mg/kg + midazolam 0.2mg/kg IM

OR

Alflaxalone IV to effect (0.1ml increments as needed) – can give above as initial sedation in order to place an IV catheter, administrating some midazolam improves sedation and recovery.

Avoid midazolam in sedation protocol if patient is healthy/vigorous or without alflaxalone because of paradoxical excitation.



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