VetArtis Newsletter

Summer 2026

CPD!

I offer in-practice ultrasound training, tailored to your teams' requirements. Also attendance courses locally in ultrasound topics. See the website for more details.

Thank you!

Thank you to all for bearing with me over the past 7 months when my schedule has changed with little notice and I have had less availability than ideal. I have been dealing with a family emergency while finishing my cardiology certificate and the sudden and unexpected requirement to complete the Advanced Practitioner module at the same time! All these elements have come to completion now and so my availability is back to normal.

In The News…

I finished my cardiology certificate and passed my exams (92%) in March, and so I am pleased to announce that I have some extra letters to add… PGC SACardio. I will be applying to the RCVS for Advanced Practitioner status shortly when I get the results of the Advanced Practitioner module.

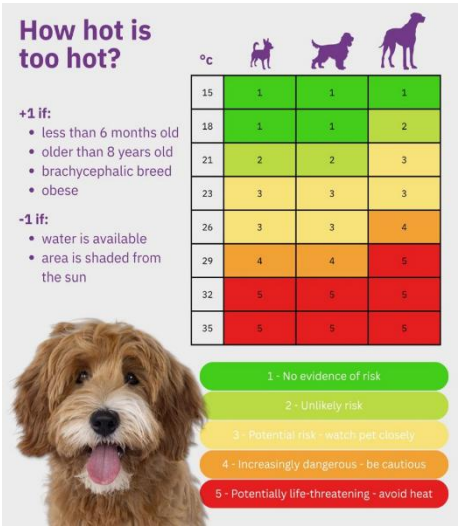
What did I learn from the certificate? Not much about cardiology but much about organisation and the companies involved!

The holiday season is nearly here, but you may have noticed that I have already had my main holiday of this year! I took 3 weeks out in May to travel around Northern Pakistan – I'd be pleased to chat about it! My next holiday in August is time travelling to the year 1553 when I take part in a Tudor living history reenactment in Suffolk (see photos above).

- **Saturday 15th August to 24th August – reenactment**
- **19th to 24th September – ultrasound conference.**
- **31st October to 9th November – family support.**
- **18th to 29th December - family holiday.**

Extreme hot weather protocol

With the extreme heat we're experiencing this year, our Extreme Hot Weather Protocol is now active across all VetArtis partner practices. The full protocol is available on our website at all times for easy reference. Please familiarise yourself with it and put it into practice to help protect our patients from the very real risks of heatstroke and heat.



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Cardiac Cough in Dogs: Separating Myth from Truth

Coughing patients are a daily presentation in general practice, and the "cardiac cough" is one of the most overused labels in the differential list. Here's a quick myth-busting refresher for the next time a coughing dog walks through your door.

Myth: A cough in a dog with known heart disease is caused by the heart

Truth: Left-sided congestive heart failure classically causes tachypnoea, increased respiratory effort, and restlessness but not a cough. True cardiogenic cough does exist, but it arises mechanically from an enlarged left atrium compressing the left mainstem bronchus, not fluid in the airways. Many small-breed dogs with myxomatous mitral valve disease also carry concurrent chronic bronchitis, tracheal/bronchial collapse, or other airway disease, so the cough is often coming from the lungs, not the heart, even in a dog with a loud murmur.

Action: Consider if you have evidence for the heart causing the issue and thoracic radiographs may well be the first-line test. Look for left atrial enlargement, bronchial compression and/or pulmonary infiltrates.

Myth: Timing (night-time, after exercise, after excitement) reliably tells you the cause

Truth: These patterns overlap heavily between cardiac and respiratory disease and shouldn't be used alone to assign a diagnosis.

New evidence: even bronchial compression on X-ray doesn't predict cough

A 2025 Utrecht University study (van Opstal et al., *Animals*) put the "compressed bronchus causes the cough" theory to the test directly. None of the investigators could reliably tell, from the radiographs alone, which dogs were coughing and which weren't. Dogs with obvious left mainstem bronchial narrowing were just as likely to be cough-free as dogs without any visible narrowing, and vice versa. The authors concluded that bronchial compression from an enlarged heart is unlikely, on its own, to be the cause of chronic cough in these dogs, reinforcing the idea that **concurrent airway disease**, rather than cardiac size, is usually driving the cough.

Myth: A cough means a respiratory (or cardiac) problem, full stop

Truth: Coughing not a respiratory-only symptom. In one study (Howard, 2022), more than three-quarters of dogs presenting with chronic cough had an underlying aerodigestive contributor despite the fact they had no reported gastrointestinal signs! When a “simple” cough becomes more chronic or refractory, do consider other possibilities, like occult reflux, dysphagia or oesophageal dysfunction, not just bronchitis or collapsing trachea. If a cough isn't resolving despite appropriate cardiac or airway treatment, it's worth widening the differential list rather than escalating the same treatment further. Videofluoroscopic swallow studies (VFSS) are the best for diagnosing these.

Take-home for the consult room

- Don't assume cardiac disease explains a cough just because a murmur is present, and don't rely on radiographic bronchial narrowing to confirm it either — the link between the two is weaker than commonly assumed.
- Small-breed patients frequently have overlapping cardiac and airway disease; treating one doesn't guarantee resolution of cough if the other is contributing.
- A persistent cough that doesn't fit neatly into "cardiac" or "respiratory" is common — consider aerodigestive causes early.