midine administration (T1) and 3 hours after atipamezole injection (T2).

Of 13 dogs screened, 8 were definitively enrolled. At T1 a significant decrease in the right parasternal regurgitant jet area (RP-
ARJ/LAA), peak velocity of mitral regurgitation and shortening
fraction was observed along with an increase in LVIDd ($P < 0.05$).
Left parasternal ARJ/LAA decreased without reaching statistical
significance but showing a high correlation with RP-ARJ/LAA ($r = 0.7$). Interestingly, LA:Ao changed only mildly and never
reached a value >1.6. The other echocardiographic variables did
not show a particular trend. Systolic blood pressure showed values
at the upper physiologic limit at T0, lower values than T0 at T1,
and an increase above the initial value at T2 but without signifi-
cance. Thoracic radiographs were evocative of heart enlargement
without pulmonary venous congestion or pulmonary oedema both
at T0 and T2. Respiratory rate did not change between T0 and
t2. The degree of sedation was optimal during the clinical proce-
dure in all cases.

Sedation with 30 μg/kg medetomidine is safe in dogs suffering
from MMVD in stage B2 (LA:Ao $<1.6$). The decrease observed in
peak velocity and color-Doppler appearance of mitral regurgita-
tion at T1 could be due to a reduction of both myocardial con-
tractility and systolic blood pressure, by a lowering of sympathetic
activity via baroreceptors stimulation.

Disclosures: No disclosures to report.

ESVC-P-21
TRANSMURAL PATENT DUCTUS ARTERIOSUS
OCCLUSION USING DIFFERENT DEVICES IN 25 DOGS.
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In the last decade, several transvascular occlusion device tech-
niques have been developed and transvascular occlusion has lar-
gely replaced surgical ligation of patent ductus arteriosus (PDA)
in dogs.

In this retrospective study were included a total of 25 client-
owned dogs, undergoing transarterial occlusion of PDA with
MReye® Flipper Detachable Embolization coil (n = 7), Amplatzer®
Canine Duct Occluder (ACDO; n = 16) and Amplatzer® Vascular
Plug (n = 2). Device size selection was based on PDA dimensions
assessed by transeosophagal echocardiography (TEE) in 10 cases
and transthoracic echocardiography (TTE) in 15 cases. Angiogra-
phy was performed during the procedure to assess the success of
the occlusion, and it confirmed complete occlusion in 20 dogs and
a trivial residual flow in 5 dogs. The following day, transthoracic
color-Doppler echocardiography revealed that complete ductal clo-
sure was achieved in all dogs. The procedure was hemody-
namically successful, as evidenced, by a reduction in indexed left
ventricular internal diameter in diastole (LVIDd; $P < 0.01$), frac-
tional shortening (FS; $P < 0.01$) and left atrial to aortic ratio (LA:
Ao; $P < 0.001$) within 24 hours after procedure. Four months
after surgery, indexed LVIDd was significantly reduced ($P = 0.03$
and LA:Ao remained constant. Secondary complications included
pulmonary arterial embolization of an ACDO and a late rotation
of an Amplatzer® Vascular Plug resulting in an increased flow
through the PDA. The dog with the rotated device required subse-
quent surgical ligation of the PDA.

At this time, 23 dogs were reported to be alive and the other 2
dogs were lost to follow up. Only one dog remained on congestive
heart failure therapy after the PDA occlusion.

We can conclude that PDA occlusion using an ACDO for dogs
with more than 3 kg and a transarterial coil embolization for dogs
with $<3$ kg had a high rate of immediate complete occlusion. PDA
occlusion using those devices proved to be a safe and effective
therapeutic method for PDA in dogs.

Disclosures: No disclosures to report.

ESVC-P-22
COMPARISON OF TWO ECHOCARDIOGRAPHIC VIEWS
FOR EVALUATING THE RIGHT PULMONARY ARTERY
DISTENSIBILITY INDEX IN DOGS. T. Vezzoli1, F. March-
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Echocardiographic evaluation of the right pulmonary artery dis-
sensibility index (RPAD index) was recently described as a valu-
able method for early detection and severity evaluation of pulmonary arterial hypertension in dogs. RPAD index is calcu-
lated as the percentage change in diameter of the right pulmonary
artery (RPA) between systole and diastole, obtained by M-mode
echocardiography from the right parasternal long axis view. The
aim of this study was to compare the RPAD index obtained by
two different echocardiographic views in dogs. The study design
was a prospective, multicenter, observational study. Forty-five cli-
ent-owned dogs from different breeds were included: 31 dogs with
heart disease and 14 healthy dogs. Two different right parasternal
views, long axis (RPLA) and short axis (RPSA), were used to
measure the RPAD index. From the RPLA view (method 1) and
RPSA view (method 2) a short axis and a long axis image were
respectively optimized for the right pulmonary artery. The RPAD
index was calculated by M-mode as the percentage change in
diameter of the right pulmonary artery; $(\text{[systolic diameter} –
diastolic diameter]/\text{systolic diameter})100$. Measurements were done
off-line as an average of 5 consecutive cardiac cycles by a single
investigator blinded to the dogs’ diagnosis. A Pearson and a
Bland–Altman test were used to assess correlation and agreement
between the 2 methods, respectively. Intra- and inter-observer
measurement variability was quantified by average coefficient of
variation (CV). Level of significance was set at $P < 0.05$. M-mode
evaluation of the RPAD index was satisfactorily obtained by both
methods in all dogs. Pearson test showed a strong positive linear
correlation between the values of RPAD index obtained from both
methods ($r^2 = 0.9346$, $P < 0.0001$). Bland–Altman test showed a
good agreement between the 2 methods in estimating RPAD index
($\text{bias} = 0.51\%$, $SD = 2.96\%$, 95% limits of agreement $= -5.30$,
6.33%). The mean difference between the two methods was 0.51% (95% confidence interval $= -0.35$; 1.35). Intra- and inter-observer
measurement variability was clinically acceptable (CV$\leq10\%$).
The study showed a good agreement between short axis and long axis
M-mode evaluation of RPA. Both methods can be used inter-
changeably to evaluate RPAD index. Further studies are needed
to evaluate the RPAD index in a larger population of healthy dogs
and the diagnostic and prognostic role of this echocardiographic
parameter in dogs with different types of pulmonary hypertension.

Disclosures: No disclosures to report.

ESVE-P-1
PREVALENCE AND CLINICAL FEATURES OF NATU-
RALLY OCCURRING HYPOADRENOCORTICISM IN
GREAT PYRENEES IN A REFERRED POPULATION IN
MONTREAL, CANADA: 11 CASES (2005–2014). M. Decome,
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Naturally occurring hypoadrenocorticism (Addison’s disease)
is an uncommon illness. Its prevalence in the general canine popu-
lation is estimated between 0.06 and 0.28%. Certain breeds appear
to have an increased risk for developing hypoadrenocorticism, in-
cluding the Bearded Collie, Standard Poodle, Portuguese water dog
and Nova Scotia Duck Tolling Retriever, with reported prevalence
of 9.4, 8.6, 1.5 and 1.4%, respectively.

The objective is to evaluate the prevalence and clinical fea-
tures of naturally occurring hypoadrenocorticism in Great Pyre-
nees (GP) presented at the Centre Hospitalier Universitaire Vétérinaire (CHUV) of the University of Montreal.

This retrospective study (March 2005 to October 2014)
includes 11 client-owned Great Pyrenees diagnosed with hypoad-
renocorticism. The medical records of dogs with a diagnosis of
naturally occurring hypoadrenocorticism were reviewed, with an
emphasis on Great Pyrenees’ record. The prevalence of hypoad-