



Gastroenterology

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Chief Complaint

“Brutus” is a 7 year old neutered male Standard poodle with history of acute vomiting, retching, lethargy, and abdominal distension.

Brutus



History

- Started vomiting this morning now only “dry heaves
- Seems to be in pain
- Abdominal distension
- Ptyalism (drooling)
- Very lethargic and depressed

Physical Examination

- Right flank abdominal distension
- Temperature 37 degrees C
- Tachycardia – HR – 180 BPM
- Tachypnea – 40 breaths per minute
- Weak pulse
- Pale mucous membranes
- Capillary refill time - > 2 seconds

Problem List

- Vomiting/Retching
- Abdominal distension
- Pain
- Hypothermia
- Tachycardia/Weak Pulse
- Pale mucous membranes
- Extended CRT

Rule Outs

- List all the Possible Diagnoses
- *This list is your Rule Out list*

Rule Outs

- Peritonitis
- Hemoabdomen
- Intestinal Volvulus
- Acute Gastroenteritis
- Gastric Distension Volvulus (GDV)
- Acute Pancreatitis

What are your suspicions?

- Is this an emergency ?

The Plan

- What is your PLAN ?
 - *Short Term Emergency Plan?*
 - *Long Term Diagnostic Plan ?*

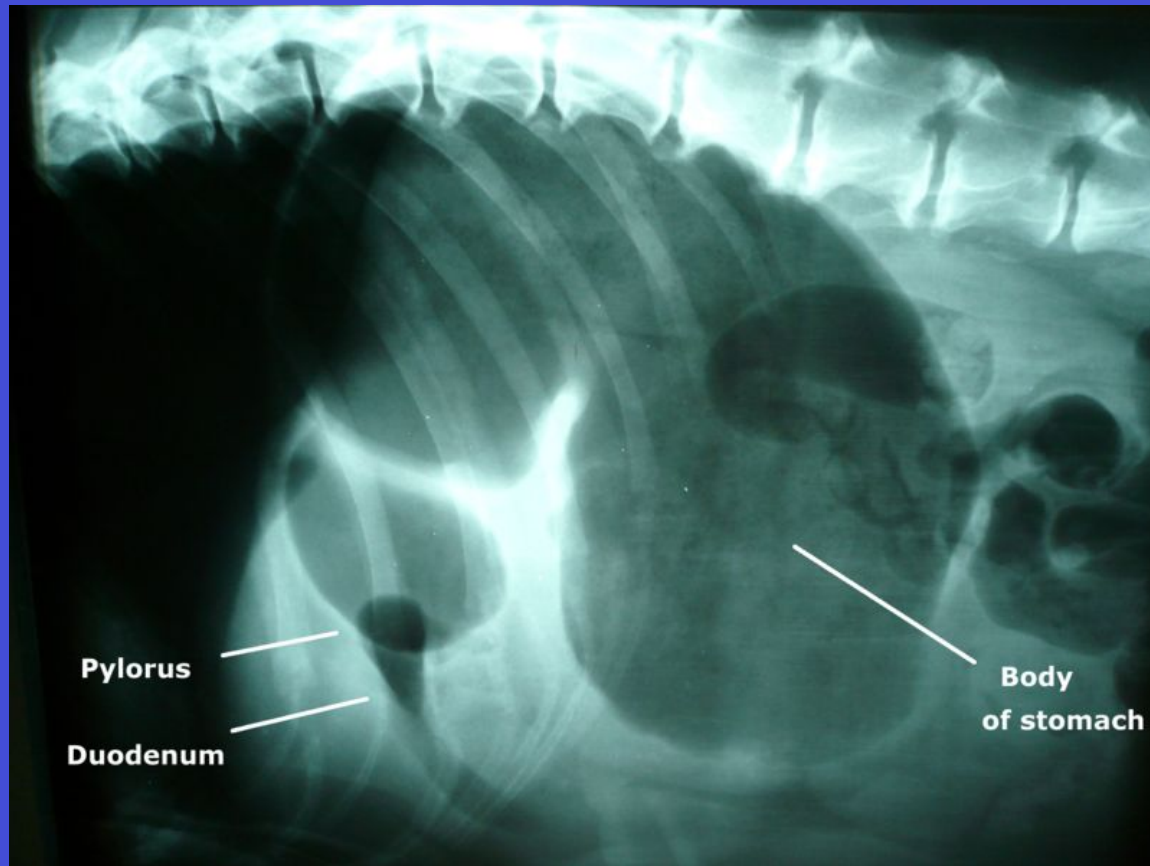
Plan

- Short Term Emergency Plan
 - THIS IS AN EMERGENCY!
 - Quick right lateral abdominal X-ray

Radiograph

- Right lateral abdominal radiograph

Abdominal Radiograph



Diagnosis?

- This radiograph shows pathognomic signs for this disease . What are they?
 - large gas filled stomach
 - “Boxing glove” shape of the stomach
- What is your diagnosis?

Diagnosis

- Gastric Dilation & Volvulus Syndrome

Next Plan ?

- What is your next step?

The Plan – Part 2

- IV Fluids – Crystalloid Therapy at Shock dose – 90 ml/kg over 30-60 min
- CBC/Serum Blood Chemistry/UA
- Orogastric Intubation – If unsuccessful
- Right Flank Percutaneous Gastrocentesis (aspirate air from the stomach through the right flank)

CBC/Chemistry/Urinalysis

- PCV – 60 (37-55)
- Lymphopenia
- Neutrophilia
- USG – 1.040 (1.035 – 1.040)
- BUN – 35 mg/dl (10-26)
- Plasma Lactate – 6.6 mmol/L (.8-2.1)

Assessment of the Lab Findings

- Assessment of the Lab Findings?

Assessment of the Lab Findings

- Increase PCV – dehydration
- Stress Leukogram:
 - Shows Neutrophilia , Lmyphopenia
- Increase BUN and Normal USG:
 - Pre-renal azotemia from dehydration
- Increase in Plasma Lactate:
 - Shows Gastric necrosis and Poor prognosis

What is the Next Step?

- After evaluating the radiographs and lab findings what do you want to do next?
- Treatment?

Treatment

- Surgical Intervention:
- Reposition the stomach
- Assess the viability of the Spleen
- Prevent Reoccurrence: Gastropexy



The End





























































