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# Gastroenterology

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# Chief Complaint

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“Spike” is a 7 year old spayed female Poodle with a history of acute vomiting, anorexia and lethargy

# Spike

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# History

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- Started Vomiting (6 times) this morning
- Complete Anorexia
- Severe Lethargy
- Up to Date on all Vaccinations

# Physical Examination

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- 10 % dehydration
- Temperature 39 degrees C
- Tachycardia – HR – 180 BPM
- Tachypnea – 40 breaths per minute
- Weak pulse
- Pale mucous membranes
- Capillary refill time - > 2 seconds

# Problem List

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- Vomiting
- Mild fever
- Dehydration
- Increased CRT
- Tachycardia
- Pale mucous membranes
- Weak pulse

# Rule Outs

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

# Rule Outs

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- Acute Pancreatitis
- Foreign Body Obstruction
- Hypoadrenocorticism
- Pyometria
- Cholangiohepatitis



# The Plan

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- What is your PLAN ?

# Plan

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- CBC/Chemistry/ Urinalysis
- Abdominal radiographs
- Abdominal Ultrasound

# CBC/Chemistry/Urinalysis

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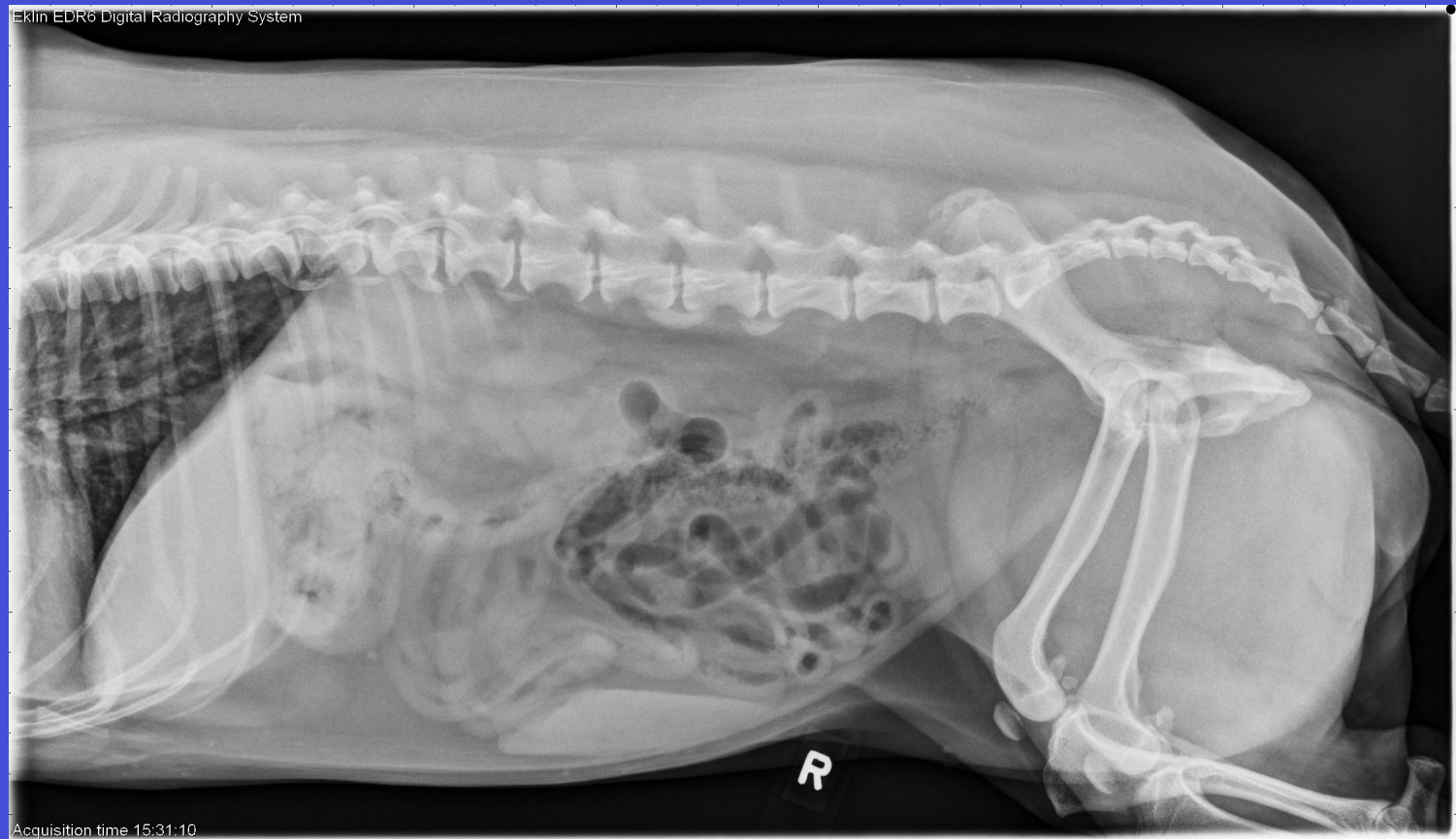
- PCV – 60 (37-55)
- WBC-  $22 \times 10^3$  (6-17) Bands -  $3 \times 10^3$  (0-.3)
- ALP, ALT mild increase
- BUN – 35 mg/dl (10-26)
- Hyperglycemia 175 mg/dl (70-140)
- Increase Serum Amylase and Lipase

# Assessment of the Lab Findings

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- Increase PCV – dehydration
- Overwhelming inflammation/infection:
  - Leukocytosis, and increased Band cells
- Increase BUN - prerenal azotemia
- Increase Lipase/Amylase:
  - possibly Pancreatitis but not necessarily

# Radiographs – right lateral – normal or abnormal ?



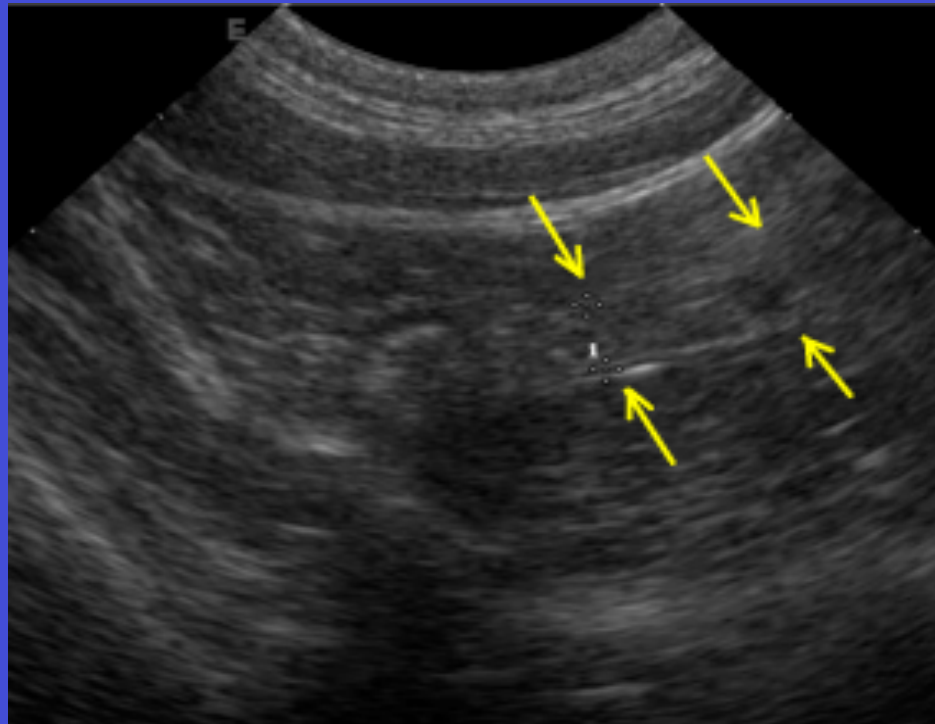
# Radiographs – right lateral

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- Normal radiograph - no visible lesions

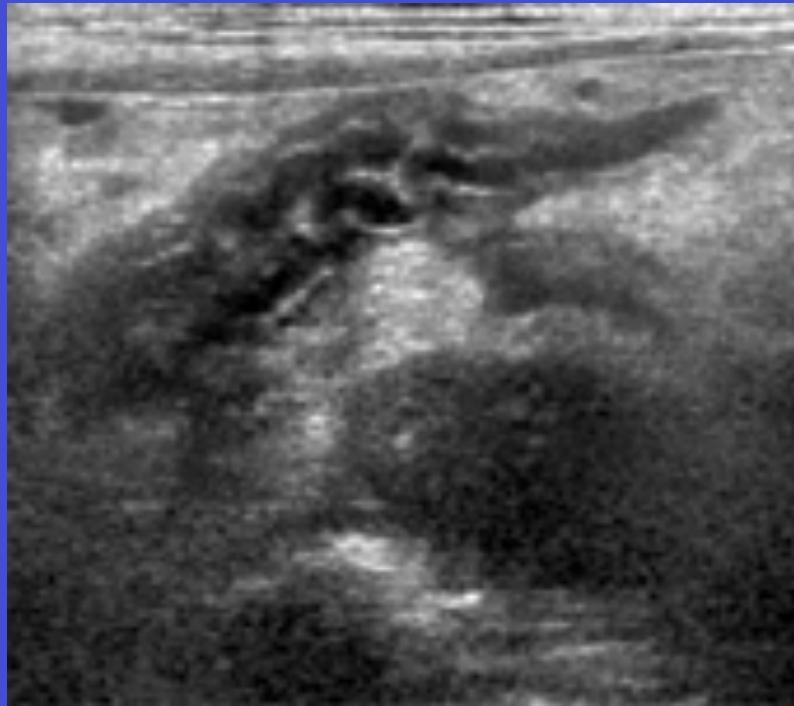
# Ultrasound – Normal Slender Pancreas

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# Ultrasound – What do you see?

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# Ultrasound

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- Ultrasound image of a dog with pancreatitis. The duodenum is irregular (corrugated). The inflamed, hypoechoic pancreas (P) is located dorsal to the duodenum, and is surrounded by hyperechoic fat.

# Rule Outs - likely or unlikely

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- Acute Pancreatitis – likely amylase and lipase are increased
- Foreign Body Obstruction – unlikely – none on x-ray
- Hypoadrenocorticism – unlikely Na and K are normal
- Pyometria – unlikely – wbc are not high enough
- Cholangiohepatitis – unlikely – liver enzymes are normal

# What test would you do to confirm Pancreatitis?

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- cPL Snap Test (canine pancreatic lipase test)

# cPL Snap Test – Positive test (both the control and sample turn blue)

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# Diagnosis

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- Acute Pancreatitis
  - Consistent with clinical signs
  - Ultrasound consistent with pancreatitis
  - Positive cPL
  - High Amylase and Lipase

# Treatment

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- Aggressive IV Fluid Therapy – LRS
- KCL (20 mEq/L) not faster than 0.5 mEq/kg/hr
- Antiemetics (Cerenia 1 mg/kg once daily SC)
- NPO if vomiting persists
- Low fat/Moderate protein diet when vomiting stops
- Antibiotics if sepsis is evident (Enrofloxacin (5-20mg/kg IV q 12 hr.
- Analgesics (Buprenorphine (0.005 -.01 mg/kg IM, IV SC
- q 6-12 hr.

# Enrofloxacin



# Cerenia injectable

10 mg/mL maropitant  
Antiemetic

For subcutaneous or intramuscular  
injection in dogs and cats

**CAUTION:** Federal (FDA) restricts this drug to use on the order of a licensed veterinarian.

**NET CONTENTS:** 20



**Cerenia<sup>®</sup>**  
(maropitant HCl)  
Injectable Solution



# Cerenia Tablets

**Cerenia**®



**24 mg Tablets for Dogs**

**24 mg/tablet MAROPITANT as MAROPITANT CITRATE**

For the prevention of nausea and acute vomiting in dogs and puppies 8 weeks of age or older and the prevention of vomiting due to motion sickness in dogs 16 weeks of age or older.

4 tablets [www.inhousepharmacy.vu](http://www.inhousepharmacy.vu) **zoetis**

# Buprenorphine



# Prognosis

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- Guarded

# Pancreatitis Download

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- <http://download.skyscape.com/download/ota/5mvetcf5/documents/pdf/pancreatitis.pdf>



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The End





































































