



Chronic Vomiting in Dogs

DRIP 4

March 15, 2022

Instructor: Dr. Christopher G. Byers, DVM, DACVECC,
DACVIM (SAIM), CVJ

© 2021 Drip Learning Technologies LLC.

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the copyright owner. Printed in the United States of America

Be advised this document is here to enhance your learning experience and is a cumulative of the slides and transcript & area for your notes. You are welcome to take your notes electronically or print then use it to supplement your learning while watching the drip

Diagnostic Investigation



The slide lists the following diagnostic investigations:

- CBC/CHEM
- UA +/- culture
- Fecal testing
 - Zinc flotation, direct examination, PCR profile
- Infectious disease screening
 - Dirofilaria, histoplasmosis
- Hormonal testing
 - ACTH stimulation test
- Liver function testing
 - Pre- & post-prandial serum bile acids, plasma NH₃
- GI profile
 - Cobalamin, folate, TLI, PLI
- Histopathology

A video inset in the top right corner shows a man in a blue shirt speaking from a desk.

Diagnostic investigation from a general standpoint should always include a CBC and should always include a urinalysis. That's a fair minimum database. If that urinalysis identifies an active sediment, that maybe we consider a culture. Because urinary tract disease can be a cause of chronic vomiting.

If a patient has concurrent diarrhea as many of them do, evaluating feces is very appropriate. Usually just starting with a zinc flotation and maybe a direct smear. We don't often jump right to the PCR profile. We'll talk about those cases more next month when we talk about chronic diarrhea in dogs. Pay attention to travel history and ones current geographic location. Because one may need to consider the potential involvement of an infective organism.


Sick dog, always think about Addison's disease. So maybe we're going to do a ACTH stimulation test or we're going to do at least a basal cortisol level to see if it is at least greater than two micrograms per deciliter. Or for those of you not in the United States, greater than 55 nanomoles per liter.

Liver function testing like measuring plasma ammonium if you have the capability to do in your hospital, or performing pre and postprandial serum bile acids.

Outside of the United States, this is called a bile acid stimulation test. So that type of testing is maybe quite logical.

Everybody's favorite, GI profile that includes a cobalamin or vitamin B12, folate, vitamin B9, as well as TLI and PLI to evaluate for pancreatic dysfunction and inflammation respectively. And of course, we all know that ultimately, we may need to recommend obtaining biopsy samples.

Diagnostic Imaging



Radiography

- Survey +/- contrast studies

Rarely establishes a diagnosis

- Exception: GIT FB

Contrast studies

- Benefits: no anesthesia, qualitative assessment of gastric motility, visualization of *some* masses, evaluation of gastric size / positioning
- Limitations - does not reliably detect mucosal lesions

Everybody always wants to talk about diagnostic imaging, radiography, super easy, very much readily available, but not the most sensitive or specific imaging modality for patients with chronic and vomiting. So it can be helpful to look for evidence of overt mechanical illness. But usually, if we're talking about a foreign body, it's a chronic one that is partial in nature. And so we don't see classic patterns.

And unless it's a radio opaque object, radiographs may be challenging. And so we do a lot of radiology radiography, but be prepared to need to do other forms of diagnostic imaging.

Poll Question #2



So I'd like you to select your response to the following statement, a comprehensive abdominal ultrasound examination is a key diagnostic test for patients with chronic vomiting. I've consistently found the results to be helpful. So do you strongly agree, agree? Are you neutral? Do you disagree? Or do you strongly disagree? Obviously, there's no right answer. I'm truly interested in your perception as you've worked with your patients.