1940

Mineral Poisoning in a Dog

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the passage of practically pure blood.

(5) Vomition may be a prominent symptom and in such cases the thirst is very marked; consequently the dog drinks large quantities of water with apparently little or none retained.

(6) In the latter stages of the disease the affected dog becomes extremely weak, emaciated and is usually unable to stand.

(7) The dog generally dies six to eight days from the onset of the symptoms. Just before death the temperature is usually subnormal. The mortality rate is usually 60-90 per cent.

Diagnosis

(1) History of dog eating fresh salmon or being in a fluke-infested territory with symptoms of sudden onset, high temperature, anorexia and a hemorrhagic diarrhea.

(2) Fecal examination readily reveals eggs in the feces.

(3) At necropsy the flukes can be seen with difficulty with the unaided eye in the intestinal content, but rather easily if some of the material is suspended in water in a glass container. There is an acute hemorrhagic enteritis with swelling of the ileo-cecal lymph nodes.

Immunity

Permanent immunity is produced in

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Mineral Poisoning

in a Dog

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Class of 1941

On Oct. 15, 1940, a male Labrador Retriever, 2½ years old, was presented at the Stange Memorial Clinic. The pulse was 90, respiration 30, temperature 99.7°, and the general condition of the dog was fair. The owner kept the dog in a kennel but exercised him daily. When he took the dog on a hunting trip to some of the alkali swamps in South Dakota, the dog was very active and normal in every respect at the beginning of the hunt but soon left the owner and ran into the swamps. Upon his return about ten minutes later, the dog was weak and unsteady, and showed evidence of having been drinking from the shallow, stagnant, alkali pools in the vicinity, since muddy alkali material was noted about and in its mouth. The owner took the dog to the nearest farmhouse where it showed a ravenous desire for water, and voided dark muddy masses of vomitus. The dog was brought to the clinic three days later.

On examination the dog showed pain and distress when pressure was applied over the diaphragm; he was depressed and listless. Ulcerations were present in the oral mucosa. A diagnosis of gastro-enteritis with an accompanying stomatitis was made.

On the morning of Oct. 15, 250 mg. of nicotinic acid were injected subcutaneously to guard against the possibility of vitamin B₂ deficiency, and 2 ounces of milk of bismuth were given per orum. In the afternoon, 1000 cc. of 5% dextrose in normal saline solution were administered subcutaneously. The next morning the dog was still depressed, pulse 86, respiration 30, and the temperature was elevated to 103.6°. There was a bloody exudate coming from the dog's nostrils, the mucous membranes were very congested, and the feces passed were greenish-black. He was given 1½ ounces of milk of bismuth and 2 drams of liquid peptone.

The dog died on the afternoon of Oct. 16, and was posted at once. The necropsy revealed acute catarrhal enteritis and moderate hemorrhagic enteritis, severe hepatic toxicosis with icterus, acute nephritis and acute lobar pneumonia (first and second stages). The history of the case and the lesions observed pointed toward a mineral poisoning.

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