1944

Canine Gastroenteritis

M. J. McDermid

Iowa State College

Follow this and additional works at: https://lib.dr.iastate.edu/iowastate_veterinarian

Part of the Small or Companion Animal Medicine Commons, and the Veterinary Physiology Commons

Recommended Citation

McDermid, M. J. (1944) "Canine Gastroenteritis," Iowa State University Veterinarian: Vol. 7 : Iss. 1 , Article 9.
Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol7/iss1/9

This Article is brought to you for free and open access by the Journals at Iowa State University Digital Repository. It has been accepted for inclusion in Iowa State University Veterinarian by an authorized editor of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.
ministered subcutaneously and 700 cc. of an isotonic dextrose and saline solution given intravenously by the drip method. A urine sample was collected and taken to the laboratory for microscopic examination under dark field illumination. The presence of spirochetes typical of the genus Leptospira was demonstrated.

Necropsy

The patient expired a few hours later and a post-mortem study on the following day revealed lesions typical of the disease. Marked icterus was noted on all mucous membranes, in the fat, and in the subcutaneous connective tissues. A severe hemorrhagic gastritis, duodenitis and jejunitis were seen together with acute toxic hepatitis and hemorrhage of the lungs. The typical absence of extensive oral lesions was also seen.

The case which has been described here is typical of condition caused by the spirochete. It is true that variations are seen from this pattern of symptoms and lesions but the condition as manifested in this area resembles this case closely.

REFERENCES
   —D. J. DeValois, '44.

Canine Gastroenteritis

Severe untreated cases of gastroenteritis terminate fatally in 2 to 7 days. In less severe cases death may occur from exhaustion in 1 to 2 weeks. Recovery in any instance is slow and convalescence is prolonged. The most unfavorable symptoms are great acceleration of pulse, profuse and hemorrhagic diarrhea, obstinate constipation, dehydration, anuria, intoxication and injected hemorrhagic mucous membranes followed by rapid emaciation and finally exhaustion.

On June 11, 1944, a 4-year-old Boston Terrier bitch was brought to the Stange Memorial Clinic with a history of having been off feed since June 5, and vomiting since June 7. Examination revealed the animal weak and depressed. The mucous membranes were injected and a sweetish odor was detected on the breath. Extreme dehydration was also noted. A diagnosis of gastroenteritis was made and symptomatic treatment begun.

An intravenous injection of 600 cc. of normal saline containing 3.5 percent dextrose was given on the first and again on the second day after admission in an effort to allay the dehydration and intoxication. The dog was observed to be taking water on the third day so intravenous injections were suspended for 2 days. The saline and dextrose administration was repeated on the fifth day.

The sixth day after entrance the saline injections were again suspended and thereafter the animal's own water intake was sufficient to overcome dehydration. The patient was allowed to exercise as her condition improved. It was noted that the depression was reduced greatly when out of doors. Feces were passed for the first time during treatment. These were passed with difficulty and showed evidence of blood. A fecal examination was made and found negative for parasite ova. Two No. 11 kaolin capsules were given on the seventh and eighth days. The frequent administration of peptone was continued. The dog began to eat solid food on the ninth day, at which time 2 No. 11 capsules of kaolin were given as the feces still showed evidence of blood. Exercise and the kaolin protective capsules were continued until the dog was released 5 days later. During this time the dog showed a steady improvement.

When the case was dismissed from the hospital the owner was advised to give a No. 11 capsule of kaolin as often as the dog's condition indicated.

—M. J. Mc Dermid, '45

Lymphoeytoma in a Holstein Bull

On May 27, a 7-year-old Holstein bull was brought to the Stange Memorial Clinic with a history of having been off feed since June 5, and vomiting since June 7. Examination revealed the animal weak and depressed. The mucous membranes were injected and a sweetish odor was detected on the breath. Extreme dehydration was also noted. A diagnosis of gastroenteritis was made and symptomatic treatment begun.

An intravenous injection of 600 cc. of normal saline containing 3.5 percent dextrose was given on the first and again on the second day after admission in an effort to allay the dehydration and intoxication. The dog was observed to be taking water on the third day so intravenous injections were suspended for 2 days. The saline and dextrose administration was repeated on the fifth day.

The sixth day after entrance the saline injections were again suspended and thereafter the animal's own water intake was sufficient to overcome dehydration. The patient was allowed to exercise as her condition improved. It was noted that the depression was reduced greatly when out of doors. Feces were passed for the first time during treatment. These were passed with difficulty and showed evidence of blood. A fecal examination was made and found negative for parasite ova. Two No. 11 kaolin capsules were given on the seventh and eighth days. The frequent administration of peptone was continued. The dog began to eat solid food on the ninth day, at which time 2 No. 11 capsules of kaolin were given as the feces still showed evidence of blood. Exercise and the kaolin protective capsules were continued until the dog was released 5 days later. During this time the dog showed a steady improvement.

When the case was dismissed from the hospital the owner was advised to give a No. 11 capsule of kaolin as often as the dog's condition indicated.

—M. J. Mc Dermid, '45

The Veterinary Student